


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M73921</b> 1. Entity Name <b>BANKSHARES CORPORATION OF NICEVILLE</b>	
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Principal Place of Business <b>1020 JOHN SIMS PKWY NICEVILLE, FL 32578</b>	Mailing Address <b>P.O. BOX 517 NICEVILLE, FL 32588-7517</b>
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04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2918289</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DEBORAH P DYE 1020 JOHN SIMS PARKWAY P.O. BOX 517 NICEVILLE, FL 32588</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCE, W. FERROL 1405-A BAYSHORE DR. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, WALTER F. 800 SPENCE CIR. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, EUGENE 8 PANDORA DRIVE CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYE, DEBORAH P. 1020 JOHN SIMS PKWY. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL JR., THOMAS 110 NO. PARTIN DR. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, JAMES W. 642 SAILBOAT DR. NICEVILLE, FL

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04/09/05-80012-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 7, 2005 (850) 678-3110**  
Date Daytime Phone #