

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M73921		
1. Entity Name BANKSHARES CORPORATION OF NICEVILLE		
Principal Place of Business 1020 JOHN SIMS PKWY NICEVILLE, FL 32578	Mailing Address P.O. BOX 517 NICEVILLE, FL 32588-7517	
DO NOT WRITE IN THIS SPACE		02032006 No Chg-P CRZE034 (11/05)
		4. FEI Number 59-2918289 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEBORAH P DYE 1020 JOHN SIMS PARKWAY P.O. BOX 517 NICEVILLE, FL 32588		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		Date 3-13-06 (8:27) 678-3110 Corporate Phone #