


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P00000009810 1. Entity Name FRIENDS BANK |  |
|--|---|

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|---|---|
| Principal Place of Business 2222 STATE ROUTE 44 NEW SMYRNA BANK, FL 32168 | Mailing Address 2222 STATE ROUTE 44 NEW SMYRNA BANK, FL 32168 |
|---|---|



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3556942 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | ALLEN, RICHARD C SR |
| STREET ADDRESS | 303 CITRUS OPEN DR |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | D |
| NAME | ALLEN, ROBERT E |
| STREET ADDRESS | 650 WELLESLEY COURT |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 33168 |
| TITLE | D |
| NAME | BYRD, CHARLES H |
| STREET ADDRESS | 2001 WATERFORD ESTATES DRIVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 33168 |
| TITLE | D |
| NAME | DEAN, ROBERT C |
| STREET ADDRESS | 602 N PENINSULA AVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32169 |
| TITLE | D |
| NAME | FORD, FRANCES R |
| STREET ADDRESS | 513 N RIVERSIDE DRIVE |
| CITY-ST-ZIP | EDGEWATER, FL 32132 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/16/07-80063-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia J Van Eck EVP/CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Van Eck 4/4/07 386-428-2299
Date Daytime Phone #