01-23-2006 90057 045 ***150.00
P00000044720

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JAN 30 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044720

1. Entity Name
THE BANK OF COMMERCE

60005575

Principal Place of Business	Mailing Address
783 S ORANGE AVE SARASOTA, FL 34236	783 S ORANGE AVE SARASOTA, FL 34236

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0981700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Dillon, David J SVP; CFO
	Street Address (P.O. Box Number is Not Acceptable): 783 S. Orange Ave Ste 210
	City: Sarasota FL Zip Code: 34236

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLIN, JAMES L 1374 HARBOR DR SRASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP Murphy, Charles O 4547 Camino Real Sarasota, FL 34231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNON, JOHN K 8408 MIDNIGHT PASS RD SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr Ponnuswamy Natarajan 9321 Midnight Pass Rd Sarasota, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, JOHN J 1600 CAMEO FARM LANE SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Scott, Jerry 5432 Bent Oak Dr Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OC KELLER, JAMES T 1439 S LAKDSHORE DR SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D only Keller, James T 1439 S. Lakeshore Dr Sarasota, FL 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWSON, DONALD M 3130 DICK WILSON DRIVE SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C Lawson, Donald M 3130 Dick Wilson Drive Sarasota FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAYTON, CATHY 1900 LINCOLN DR SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS Dillon, David J 5920 Sheps Island Rd Sarasota FL 34241	☐ Change ☒ Addition

1/30

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 Daytime Phone #