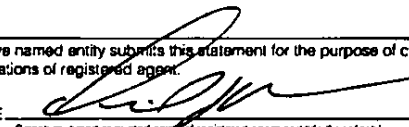
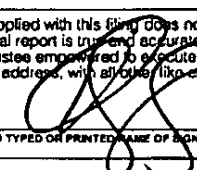


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JAN 30 PM 5:04

SECRETARY OF STATE
TALLAHASSEE 60005575A

DOCUMENT # P00000044720			
1. Entity Name THE BANK OF COMMERCE			
Principal Place of Business 783 S ORANGE AVE SARASOTA, FL 34236		Mailing Address 783 S ORANGE AVE SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01092006 Chg-P		CR2E034 (11/05)	
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 SUP: 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  (NOTE: Registered Agent signature required when reappointing) 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 4507 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 7321 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 L 5432 Bent Oak Dr Sarasota FL 34232 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KELLER, JAMES T 1439 S LAKESHORE 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
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 #			