

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047804

FILED
Feb 02, 2005
Secretary of State

Entity Name: FMB FINANCIAL SERVICES, INC.

Current Principal Place of Business:

200 E. WASHINGTON ST
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

PO BOX 340
MONTICELLO, FL 323450340

New Mailing Address:

FEI Number: 59-3702756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, L. GARY
200 E. WASHINGTON STREET
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CARRAWAY, F.W. JR
Address: 2626 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVC () Delete
Name: CARRAWAY, F. WILSON III
Address: 1313 E JACKSON ST
City-St-Zip: THOMASVILLE, GA 31792

Title: DP () Delete
Name: WRIGHT, L. GARY
Address: 200 E. WASHINGTON ST
City-St-Zip: MONTICELLO, FL 323451952

Title: DST () Delete
Name: SIMS, R. MICHAEL
Address: 200 E. WASHINGTON ST
City-St-Zip: MONTICELLO, FL 323451952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHAEL SIMS

DST

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date