

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047804

Entity Name: FMB FINANCIAL SERVICES, INC.

FILED  
Apr 05, 2007  
Secretary of State

## 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:

SIMS, R. MICHAEL  
200 E. WASHINGTON STREET  
MONTICELLO, FL 32344 US

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: R. MICHAEL SIMS

04/05/2007

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 (X) 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: PD (X) Change ( ) Addition  
Name: CARRAWAY, F. WILSON III  
Address: 1313 E JACKSON ST  
City-St-Zip: THOMASVILLE, GA 31792

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 Chapter 119, 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

ST

04/05/2007

Electronic Signature of Signing Officer or Director

Date