


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90177 027 ***150.00

DOCUMENT # P02000018921 1. Entity Name FLORIDA COMMUNITY BANKS, INC.	
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Principal Place of Business 1400 N. 15TH ST. IMMOKALEE, FL 34142	Mailing Address 1400 N. 15TH ST. IMMOKALEE, FL 34142
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40067330



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2164765	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

IGLER & DOUGHERTY, P.A.
1501 PARK AVE. E
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CDP PRICE, STEPHEN L 1400 N 15TH ST IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ, MARICELA S 1400 N 15TH ST IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HARRIS, GUY W 1400 N 15TH ST IMMOKALEE, FL 34142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Guy Harris 4-9-07 239-657-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #