


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.	

Principal Place of Business 1400 N. 15TH ST. IMMOKALEE, FL 34142	Mailing Address 1400 N. 15TH ST. IMMOKALEE, FL 34142
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DO NOT WRITE IN THIS SPACE

40067330



04092007 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 #