


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90062 049 \*\*\*150.00

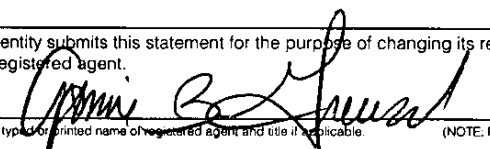
<b>DOCUMENT # P03000052773</b>	
1. Entity Name <b>MARCO COMMUNITY BANK</b>	

Principal Place of Business <b>SW CORNER OF SAN MARCO RD AND S BARFIELD D MARCO ISLAND, FL 34145</b>	Mailing Address <b>1770 SAN MARCO RD MARCO ISLAND, FL 34145</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

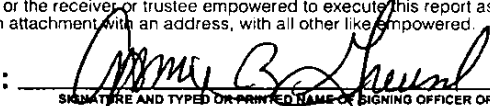
	
01172007	Chg-P CR2E034 (12/06)
4. FEI Number <b>11-3680185</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name <b>Jamie B. Greusel</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1104 North Collier Blvd.</b>	
City <b>Marco Island</b>	FL Zip Code <b>34145</b>

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  Signature, typed or printed name of registered agent and title if applicable	DATE <b>1/17/07</b> (NOTE: Registered Agent signature required when re-instating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, JOEL M <b>7024 Pelican Bay Blvd. F101 MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MCGOWAN <b>929 Collier Ct., B-403 Marco Island, FL 34145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREUSEL, JAMIE B <b>1104 NORTH COLLIER BLVD MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK RECKER <b>1840 Inlet Drive S, Marco Island, FL 34145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MELANIE J <b>911 WHISKEY CREEK DR MARCO ISLAND, FL 34145</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANE BEYER <b>3348 Cayman Lane Naples, FL 34119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNOTTA, ANTHONY J <b>318 POLYNESIA CT MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD B. Montgomery, Jr. <b>P.O. Box 207 Estero, FL 33928</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARKS, ROBERT A <b>58 NORTH COLLIER BLVD # 2009 MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. Terry Skone <b>P.O. Box 206 Deerwood, MN 56444-0206</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, STEPHEN A <b>1104 NORTH COLLIER BLVD MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKS C.B. WOOD <b>377 LIVE OAK LANE Marco Island, FL 34145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <b>1/17/07</b> 239389-6700 Daytime Phone #