2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 12, 2004 8:00 am **Secretary of State DOCUMENT # P03000074470** 01-12-2004 90008 020 ***158.75 CORTEZ COMMUNITY BANK Principal Place of Business Mailing Address # # U U U U D + I 1000 S BROAD STREET 1000 S BROAD STREET BROOKSVILLE, FL BROOKSVILLE, FL 2. Principal Place of Business Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 34601 34601 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Acest signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE AMARCHAND, LINGAPPA DR NAME NAME 14387 HUNT CLUB LANE STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-782 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BERRY, EUGENE A NAME NAME STREET ADDRESS STREET ADDRESS 7598 ARALIA WAY CITY-ST-7/P LARGO, FL 33777 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE BICKEL, TERRY G NAME 24132 WESTMINISTER COURT STREET ADDRESS STREET ADDRESS CITY-ST-78P BROOKSVILLE, FL 34601 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE BROOKS, JOYCE P NAME NAME STREET ADDRESS 5254 SANDRA DRIVE STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP Change Addition Delete TITLE TITLE GARY, MARY BETH NAME NAME 9311 WALLIEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE, FL 34601 Change Addition ☐ Delete TITLE TITLE GUCKIAN, JOANN E NAME NAME STREET ADDRESS 9365 ELIDA ROAD STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 Th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if each other like empowered. 12. I hereby certify that the information supplied indicated on this report or supplemen of the corporation or the receiver or changed, or on an attachment with

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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