2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000086186

1. Entity Name
MAINSTREET COMMUNITY BANK OF FLORIDA

Principal Place of Business	Mailing Address
302 SOUTH WOODLAND BLVD. DELAND, FL 32720	302 SOUTH WOODLAND BLVD. DELAND, FL 32720

04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0235207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000131385
04/26/04-80152-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAUMGARTNER, ROGER B
STREET ADDRESS	2300 PIN OAK DR
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	BOOMS, JOHN R
STREET ADDRESS	1031 N COLLON DR
CITY-ST-ZIP	BAD AXE, MI 48413
TITLE	D
NAME	DEMARSH, W. FRANK
STREET ADDRESS	2209 OAK HILL DR
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	FELTON, GEOF
STREET ADDRESS	129 LAKE CHARLES RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	FLOWERS, W. BEN JR
STREET ADDRESS	1800 MERCERS HAMMOCK CT
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	FORD, F.A. (ALEX) F JR
STREET ADDRESS	732 W HIGHLAND AVE
CITY-ST-ZIP	DELAND, FL 32730

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/21/04 386-734-5930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #