

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088390

FILED
Sep 20, 2004
Secretary of State

Entity Name: FIRST NATIONAL BANKSHARES OF FLORIDA, INC.

Current Principal Place of Business:

2150 GOODLETTE ROAD NORTH 8TH FLOOR
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2150 GOODLETTE ROAD NORTH 8TH FLOOR
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REICHERT, ROBERT T
2150 GOODLETTE ROAD NORTH 8TH FLOOR
NAPLES, FL 34102

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Change (X) Addition
Name: BORNSTEIN, ALAN C
Address: 1015 VICTORIA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Change (X) Addition
Name: MACE, ED J
Address: 720 GOODLETTE ROAD NORTH SUITE 202
City-St-Zip: NAPLES, FL 34102

Title: D () Change (X) Addition
Name: LINDSAY, JAMES S
Address: 723 21ST AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Change (X) Addition
Name: CRICKS, CHARLES T
Address: 760 COPELAND DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Change (X) Addition
Name: BATON, G. S
Address: 323 SHIPP'S LANDING, 1100 SOUTH COLLIER BL
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Change (X) Addition
Name: STRAZ, DAVID A JR.
Address: 4401 W. KENNEDY BLVD. SUITE 150
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. TICE

D

09/20/2004

Electronic Signature of Signing Officer or Director

_____ Date

GARY L. TICE, DIRECTOR
2150 GOODLETTE ROAD
8TH FLOOR
NAPLES, FL 34102

LEE ROY SELMON, DIRECTOR
4202 EAST FOWLER AVE
PED 214
TAMPA, FL 33620