2005 FOR PROFIT CORPORATION ANNUAL REPORT

01-10-2005 90045 050 ***150.00
P04000007635

FILED
05 FEB 18 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007635

1. Entity Name
AMERICAN ENTERPRISE BANK OF FLORIDA

Principal Place of Business	Mailing Address
4655 SALISBURY RD, STE 100 JACKSONVILLE, FL	4655 SALISBURY RD, STE 100 JACKSONVILLE, FL

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0642557 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Bennett Brown~~ ~~4655 Salisbury Road, Suite 100~~ ~~Jacksonville, FL 32256~~	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
(If agent is a corporation, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BENNETT 3007 FOREST CIR JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martin, Richard 7990 Hunters Grove Road Jacksonville, FL 32257	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, CARTER 4703 ORTEGA BLVD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAFAYE, AL 20 N BARTRAM TRAIL JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGEHEE, SUTTON JR 4329 GREAT OAKS LANE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REGAS, CHRIS 9230 BEAUCLERC CIR E JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, V. HAWLEY JR 2767 FOREST CIR JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bennett Brown Bennett Brown 1/06/05 (904)281-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #