


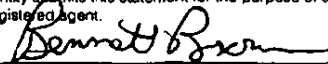
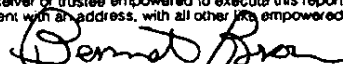
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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000007635</b>			
1. Entity Name <b>AMERICAN ENTERPRISE BANK OF FLORIDA</b>			
Principal Place of Business <b>4655 SALISBURY RD, STE 100 JACKSONVILLE, FL</b>		Mailing Address <b>4655 SALISBURY RD, STE 100 JACKSONVILLE, FL</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>32256</b>	Country	Zip <b>32256</b>	Country
4. FEI Number <b>20-0642557</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <b>BROWN, BENNETT</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4655 SALISBURY ROAD</b>	
		<b>Suite 100</b>	
		City <b>JACKSONVILLE</b> FL Zip Code <b>32256</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 		DATE <b>1-25-07</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>BROWN, BENNETT</b>		
STREET ADDRESS	<b>3007 FOREST CIR</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>BRYAN, CARTER</b>		
STREET ADDRESS	<b>4703 ORTEGA BLVD</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>LAFAYE, AL</b>		
STREET ADDRESS	<b>20 N BARTRAM TRAIL</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>MCGHEE, SUTTON JR</b>		
STREET ADDRESS	<b>4329 GREAT OAKS LANE</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>REGAS, CHRIS</b>		
STREET ADDRESS	<b>9230 BEAULIERC CIR E</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>SMITH, V. HAWLEY JR</b>		
STREET ADDRESS	<b>2767 FOREST CIR</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AP 2/8</b>		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 info empowered.			
SIGNATURE: 		DATE <b>1-25-07</b> DAYTIME PHONE # <b>904-281-1900</b>	