

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90414 007 ***150.00

DOCUMENT # P04000035681 1. Entity Name SYNOVUS BANK OF JACKSONVILLE					
Principal Place of Business 10407 CENTURION PKWY N SUITE 200 JACKSONVILLE, FL 32256 US			Mailing Address 10407 CENTURION PKWY N SUITE 200 JACKSONVILLE, FL 32256 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0809944	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOCK, RICHARD D 8068 SHADY GROVE RD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLINTO, DAMON B 9118 BARNSTAPLE LANE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, WILLIAM H 3964 ALHAMBRA DR W JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMEL, WILLIAM J 4528 KUHN RD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, FRED 101 S CRAWFORD ST THOMASVILLE, GA 31792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUESTER, KENNETH P 13924 MANDARIN OAKS LANE JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kuester, Kenneth P. 295 Marsh Lakes Drive Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
SIGNATURE:			04/27/07 904-641-6354		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

William J. Hammel, Chairman/Chief Executive Officer/Director

ATTACHMENT
40089316

Attachment to: 2007 For Profit Corporation Annual Report

Document P04000035681

Synovus Bank of Jacksonville

Section 11: Additions to Officers and Directors

Title	D
Name	Chepenik, Lois H.
Street Address	2647 Forest Point Court
City-ST-Zip	Jacksonville, FL 32257
Title	D
Name	Dean, Jerry L.
Street Address	2406 Via Del Rey
City-ST-Zip	Fernandina Beach, FL 32034
Title	D
Name	Ferguson, Ronnie A.
Street Address	3713 Jacob Cove Way
City-ST-Zip	Jacksonville, FL 32218
Title	D
Name	Hanson, Karl B., Jr.
Street Address	3823 Painted Bunting Way
City-ST-Zip	Jacksonville, FL 32224
Title	D
Name	Schneider, Michael N.
Street Address	11563 Hidden Harbor Way
City-ST-Zip	Jacksonville, FL 32223
Title	D
Name	Sheffield, J. Howard
Street Address	10147 Bishop Lake Road, W
City-ST-Zip	Jacksonville, FL 32256

4/27/2007