2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126436

Entity Name: MONTICELLO BANCSHARES, INC.

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10696 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 10696 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257 FEI Number: 20-1958015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWEN, JAMES C 10696 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BOWEN, JAMES C Name: Name: 10696 ST AUGUSTINE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WATSON, DONNA Name: 327 S MAIN STREET Address: Address: City-St-Zip: FITZGERALD, GA 31750 City-St-Zip: Title: Title: (X) Change () Addition () Delete COO AHERN, FRED L JR FELLER, FILIP G Name: Name: 159 BARBERRY LANE 10696 ST AUGUSTINE RD Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change () Addition MCDANIEL, G. BYRON Name: Name: Address: 687 EISENHOWER ROAD Address: City-St-Zip: REBECCA, GA 31783 City-St-Zip: Title: Title: () Delete () Change () Addition MOONEY, TONY W Name: Name: 169 MEADOWLARK LANE Address: Address: City-St-Zip: FITZGERALD, GA 31750 City-St-Zip: Title: () Delete Title: () Change () Addition MOSELEY, THADDEUS Name: Name: Address: 3701 DUVAL DR Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32250

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: FILIP G FELLER COO 02/11/2005