2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000126436

1. Entity Name
MONTICELLO BANCSHARES, INC.

Principal Place of Business	Mailing Address
10696 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257	10696 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1958015
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWEN, JAMES C
10696 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32257

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000494342
04/20/06-80066-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWEN, JAMES C
STREET ADDRESS	10696 ST AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	WATSON, DONNA
STREET ADDRESS	327 S MAIN STREET
CITY-ST-ZIP	FITZGERALD, GA 31750
TITLE	~~COO~~
NAME	~~KELLER, PHILIP G~~
STREET ADDRESS	~~10696 ST AUGUSTINE RD~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32257~~
TITLE	D
NAME	MCDANIEL, G. BYRON
STREET ADDRESS	687 EISENHOWER ROAD
CITY-ST-ZIP	REBECCA, GA 31783
TITLE	D
NAME	MOONEY, TONY W
STREET ADDRESS	169 MEADOWLARK LANE
CITY-ST-ZIP	FITZGERALD, GA 31750
TITLE	D
NAME	MOSELEY, THADDEUS
STREET ADDRESS	3701 DUVAL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32250

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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: James C Bowen 3/27/06 (912) 262-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #