

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147408

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: FLORIDA CHOICE BANKSHARES, INC.

**Current Principal Place of Business:**

18055 US HWY 441  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

18055 US HWY 441  
MT DORA, FL 32757

**New Mailing Address:**

FEI Number: 20-1990219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAROE, KENNETH E  
18055 US HWY 441  
MT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: LAROE, KENNETH E  
Address: 18055 US HWY 441  
City-St-Zip: MT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MELISSA ATKINS

VP

03/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date