

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000013427

1. Entity Name
AMERICAN ENTERPRISE BANKSHARES, INC.



Principal Place of Business

4655 SALISBURY ROAD
SUITE 100
JACKSONVILLE, FL 32256

Mailing Address

4655 SALISBURY ROAD
SUITE 100
JACKSONVILLE, FL 32256



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2293431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, BENNETT
4655 SALISBURY ROAD
SUITE 100
JACKSONVILLE, FL 32256

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, BENNETT
STREET ADDRESS	3007 FOREST CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	BRYAN, CARTER
STREET ADDRESS	4703 ORTEGA BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	LAFAYE, AL
STREET ADDRESS	208 NORTH BARTRAM TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	MCGEEHEE, SUTTON JR.
STREET ADDRESS	4329 GREAT OAKS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	MARTIN, RICHARD
STREET ADDRESS	7990 HUNTERS GROVE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	REGAS, CHRIS
STREET ADDRESS	9230 BEAUCLERC CIRCLE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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02/15/08-80017-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bennett Brown *Bennett Brown* 2/1/08 904-281-1900