

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 049 \*\*\*158.75

DOCUMENT # P05000102031

1. Entity Name  
COMMERCE BANK OF SOUTHWEST FLORIDA



Principal Place of Business  
1520 ROYAL PALM SQUARE, STE 100  
FORT MYERS, FL 33919-1036

Mailing Address  
1520 ROYAL PALM SQUARE, STE 100  
FORT MYERS, FL 33919-1036

**60015302**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3210268

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME REID, JOSEPH D  
STREET ADDRESS 200 WASHINGTON SQUARE N  
CITY-ST-ZIP LANSING, MI 48933

TITLE C ☒ Change ☐ Addition  
NAME Reid, Joseph D.  
STREET ADDRESS 200 WASHINGTON SQUARE N  
CITY-ST-ZIP LANSING, MI 48933

TITLE D ☐ Delete  
NAME MORRIS, MARK L  
STREET ADDRESS 1308 GASPARILLA DR  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE P/D ☒ Change ☐ Addition  
NAME Morris, Mark L.  
STREET ADDRESS 1308 Gasparilla Dr  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ Delete  
NAME ARNOLD, KEITH  
STREET ADDRESS 14101 RIVER RD  
CITY-ST-ZIP FT MYERS, FL 33905

TITLE D ☐ Change ☒ Addition  
NAME Hart, Larry D.  
STREET ADDRESS 1469 Moreno Ave.  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ Delete  
NAME CRIST, DOUGLAS E  
STREET ADDRESS 6170 WHITEHILLS LAKE DR  
CITY-ST-ZIP E LANSING, MI 48823

TITLE D ☐ Change ☒ Addition  
NAME Johns, Lewis D.  
STREET ADDRESS 316 E. Michigan Ave  
CITY-ST-ZIP LANSING, MI 48933

TITLE D ☐ Delete  
NAME DOUGHERTY, KATHERINE G  
STREET ADDRESS 5430 BRANDY CIR  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D ☐ Change ☒ Addition  
NAME Kastrn, Michael L.  
STREET ADDRESS 503 Rustic Lane  
CITY-ST-ZIP Vicksburg, MI 49097

TITLE D ☐ Delete  
NAME FEW, BENJAMIN C III  
STREET ADDRESS 5856 SUNNYSIDE LANE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D ☐ Change ☒ Addition  
NAME Pritchett, Richard H.  
STREET ADDRESS 14350 Duke Highway  
CITY-ST-ZIP ALVA, FL 33920

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

Mark L. Morris

2-1-06 (239) 274-1900

Date

Daytime Phone #

Section 11 - Continued

ATTACHMENT

D...

✓ Add

Sands, Paul A.

1201 Westfield Dr

Ft. Myers, FL 33919

60015302  
#D05000102031

D

✓ Add

Strayhorn, E. Bruce

11511 Lockett Road Extension

FL. MYERS, FL 33905