

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102031

FILED
Jan 07, 2009
Secretary of State

Entity Name: COMMERCE BANK OF SOUTHWEST FLORIDA

Current Principal Place of Business:

1520 ROYAL PALM SQUARE, STE 100
FORT MYERS, FL 339191036

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE, STE 100
FORT MYERS, FL 339191036

New Mailing Address:

FEI Number: 20-3210268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: REID, JOSEPH D
Address: 200 WASHINGTON SQUARE N
City-St-Zip: LANSING, MI 48933

Title: PD () Delete
Name: MORRIS, MARK L
Address: 1308 GASPARILLA DR
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: ARNOLD, KEITH
Address: 14101 RIVER RD
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: MOLT, DAVID
Address: 5606 SLERN COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: DOUGHERTY, KATHERINE G
Address: 5430 BRANDY CIR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: FEW, BENJAMIN C III
Address: 5856 SUNNYSIDE LANE
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MALT, DAVID
Address: 5606 SLERN COURT
City-St-Zip: FORT MYERS, FL 33919

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL A. SHIRES

CFO

01/07/2009

Electronic Signature of Signing Officer or Director

Date