

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 009 ***150.00

DOCUMENT # P05000112780

1. Entity Name
FIRST CAPITAL BANK



Principal Place of Business
4701 HWY 90
MARIANNA, FL 32446

Mailing Address
P.O. BOX 270
MARIANNA, FL 32447

40008068



01052007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3356187

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DONALDSON, J. HAROLD
4701 HWY 90
MARIANNA, FL 32446

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PCEO
DONALDSON, J. HAROLD ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
4697 BERKSHIRE RD
MARIANNA, FL 32446

TITLE
NAME
C
PFORTE, BOB ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
2958 HERITAGE RD
MARIANNA, FL 32448

TITLE
NAME
D
DILMORE, J W ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
788 MILL RD
ALFORD, FL 32420

TITLE
NAME
D
SLOAN, KATHY ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
2535 SPRING CREEK RD
MARIANNA, FL 32448

TITLE
NAME
D
DULANEY, DAVID ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
4129 HAYNES LN
MARIANNA, FL 32446

TITLE
NAME
D
SMITH, STEVE ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
2224 KENT CEMETERY RD
ALFORD, FL 32420

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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

1/25/07

Daytime Phone #

ATTACHMENT

40008068

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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*** ATTACHMENT ***

<u>Entity Name</u>	<u>FBI Number</u>
FIRST CAPITAL BANK	20-3356187
<u>Principal Place of Business</u>	<u>Mailing Address</u>
4701 HWY 90 MARIANNA, FL 32446	PO BOX 270 MARIANNA, FL 32447

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES KENT 4679 CLAYTON DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE STRICKLAND 5130 LAKE BLUFF CIRCLE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN MILLER 4588 OAKWOOD DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S KATHY MILTON 4304 LAFAYETTE STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	