

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112780

Entity Name: FIRST CAPITAL BANK

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

4701 HWY 90
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 20-3356187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, J. HAROLD
4701 HWY 90
MARIANNA, FL 32446 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: PCEO () Delete
Name: DONALDSON, J. HAROLD
Address: 4697 BERKSHIRE RD
City-St-Zip: MARIANNA, FL 32446

Title: C () Delete
Name: PFORTE, BOB
Address: 2958 HERITAGE RD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: DILMORE, J W
Address: 788 MILL RD
City-St-Zip: ALFORD, FL 32420

Title: D () Delete
Name: SLOAN, KATHY
Address: 2535 SPRING CREEK RD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: DULANEY, DAVID
Address: 4129 HAYNES LN
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: SMITH, STEVE
Address: 2224 KENT CEMETERY RD
City-St-Zip: ALFORD, FL 32420

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

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: J. HAROLD DONALDSON

PCEO

02/17/2009

Electronic Signature of Signing Officer or Director

Date