## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000112780

**Entity Name: FIRST CAPITAL BANK** 

FILED Apr 13, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4701 HWY 90

MARIANNA, FL 32446

Current Mailing Address: New Mailing Address:

4701 HWY 90

MARIANNA, FL 32446

FEI Number: 20-3356187 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANDOFF, JAMES LEIBOLD, KATHY 4701 HWY 90 4701 HWY 90

MARIANNA, FL 32446 US MARIANNA, FL 32446 US

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: KATHY LEIBOLD 04/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PCEO

Name: BENNETT, ROY
Address: 4701 HIGHWAY 90
City-St-Zip: MARIANNA, FL 32446

Title:

Name: PFORTE, BOB
Address: 2958 HERITAGE RD
City-St-Zip: MARIANNA, FL 32448

Title: D

Name: DILMORE, J W
Address: 788 MILL RD
City-St-Zip: ALFORD, FL 32420

Title: [

Name: SLOAN, KATHY

Address: 2535 SPRING CREEK RD City-St-Zip: MARIANNA, FL 32448

Title: [

Name: DULANEY, DAVID Address: 4129 HAYNES LN City-St-Zip: MARIANNA, FL 32446

Title: C

Name: SMITH, STEVE

Address: 2224 KENT CEMETERY RD City-St-Zip: ALFORD, FL 32420

I hereby 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 all other like empowered.

SIGNATURE: KATHY LEIBOLD CFO 04/13/2011