

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 048 ***150.00

DOCUMENT # P05000127623 1. Entity Name COMMUNITY BANK CONNECTION, INC.			
Principal Place of Business 5836 RICHARD STREET JACKSONVILLE, FL 32216 US		Mailing Address 5836 RICHARD STREET JACKSONVILLE, FL 32216 US	
2. Principal Place of Business - No P.O. Box # 8613 Old Kings Rd S.		3. Mailing Address 8613 Old Kings Rd S.	
Suite, Apt. #, etc. Unit 402		Suite, Apt. #, etc. Unit 402	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32217		Zip 32217	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-3483055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAREAL, DANIEL 5836 RICHARD STREET JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Daniel Villareal Street Address (P.O. Box Number is Not Acceptable) 8613 Old Kings Rd S. Unit 402 City Jacksonville FL Zip Code 32217	
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VILLAREAL, DANIEL 5836 RICHARD STREET JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Villareal, Daniel 8613 Old Kings Rd S. Unit 402 Jacksonville, FL 32217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 supplementary 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/08 Daytime Phone # 904-733-9900	