

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090185

FILED
Mar 31, 2009
Secretary of State

Entity Name: PREMIER COMMUNITY BANK OF THE EMERALD COAST

Current Principal Place of Business:

395 N. BRETT STREET
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 399
CRESTVIEW, FL 325360399

New Mailing Address:

FEI Number: 75-3220746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, JAMES M
1015 STANLEY LANE
BAKER, FL 32531 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: D () Delete
Name: BLALOCK, JAMES M
Address: 1015 STANLEY LANE
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: CAMPBELL, SHERRY S
Address: 716 ADAMS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: DAVIS, SEAN M
Address: 2652 BRODIA LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: FRANEY, JOSEPH S
Address: 830 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: JOHNSON, JAMES M
Address: 45 MARLBOROUGH ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: THIGPEN, LEE R
Address: 1005 CAPRI COURT
City-St-Zip: CRESTVIEW, FL 32536

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
Name:
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: JAMES M. BLALOCK

EVP

03/31/2009

Electronic Signature of Signing Officer or Director

Date