

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124783

Entity Name: PRIME MERIDIAN BANK

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

1471 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

1471 TIMBERLANE ROAD
SUITE 124
TALLAHASSEE, FL 32312

Current Mailing Address:

1471 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

1471 TIMBERLANE ROAD
SUITE 124
TALLAHASSEE, FL 32312

FEI Number: 26-0474086

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:

IGLER & DOUGHERTY
2457 CARE DRIVE
TALLAHASSEE, FL 32308 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: IGLER & DOUGHERTY

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRONA, WILLIAM D
Address: 2020 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DIXON, SAMMIE D JR.
Address: 3409 BLUE QUILL LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: EVANS, STEVEN L
Address: 3920 BOBBIN BROOK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: GUEMPLE, ROY R
Address: 293 THORNBURG DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: JENSEN, CHRIS L JR
Address: 440 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: LANGSTON, FRANK L
Address: 818 N. LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: KATHY JONES

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

Date