

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90254 017 \*\*\*150.00

**DOCUMENT # P94000060959**

1. Entity Name

THE PROSPERITY BANKING COMPANY



Principal Place of Business

790 N PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

Mailing Address

790 N PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3072393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREAMER, EDDIE  
790 N PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SMITH, VERNON D 2211 OKEECHOBEE RD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREAMER, EDDIE 790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPCHURCH, HAMILTON PO BOX 3007 SAINT AUGUSTINE, FL 320853007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSAKIS, JIM 8801 INDRIO RD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, RANDY 790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, CHERYL 790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 9048249111