

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

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**

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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.

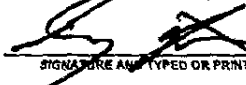
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN0000535717 05/08/06-80063-023 150.00
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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 INDRIQ 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

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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 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:  **4-20-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #