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	Mailing Address
790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

UH20005357 17
05/08/06-80063-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	SMITH, VERNON D
STREET ADDRESS	2211 OKEECHOBEE RD
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	PD
NAME	CREAMER, EDDIE
STREET ADDRESS	790 N PONCE DE LEON BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	UPCHURCH, HAMILTON
STREET ADDRESS	PO BOX 3007
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320853007
TITLE	D
NAME	RUSSAKIS, JIM
STREET ADDRESS	6801 INDRIO RD
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	T
NAME	PETERSON, RANDY
STREET ADDRESS	790 N PONCE DE LEON BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	S
NAME	REESE, CHERYL
STREET ADDRESS	790 N PONCE DE LEON BLVD
CITY-ST-ZIP	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 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 #