


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90012 049 \*\*\*150.00

DOCUMENT # P94000073111		
1. Entity Name PREMIER BANK		

Principal Place of Business 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 US	Mailing Address P.O. BOX 3606 TALLAHASSEE, FL 32315-3606 US
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**24075952**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082003 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

4. FEI Number 59-3228475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BOYLE, DENNIS O 3078 SHAMROCK N TALLAHASSEE, FL 32308	
D HANEY, TOM C MD 3489 CEDER LANE TALLAHASSEE, FL 32312	
D PHIPPS, CYNTHIA G 2059 MILLER LANDING TALLAHASSEE, FL 32312	
D LANGFORD, A. LAWTON 2941 BRANDEMERE TALLAHASSEE, FL 32312	
D BROWN, G. MATTHEW 6260 BLACK FOX WAY TALLAHASSEE, FL 32315	
D HOWELL, WINSTON 3120 SHANNON LAKES DRIVE NORTH TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Charles B. Mitchell 3110 Capital Circle NE Tallahassee, FL 32308	
D Joseph Camps Jr. 8004 Evening Star Lane Tallahassee, FL 32312	
D Linda Palmer 93 Royster Dr Crawfordville, FL 32327	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Palmer, Linda Palmer, Corp. Sec.* 5/14/04 383-4602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #