

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90388 012 ***150.00
P94000073111

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3228475			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Brown, G. Matthew Street Address (P.O. Box Number is Not Acceptable) Premier Bank 3110 Capital Circle NE City Tallahassee			Name Brown, G. Matthew Street Address (P.O. Box Number is Not Acceptable) Premier Bank 3110 Capital Circle NE City Tallahassee		
State FL			Zip Code 32308		
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, the registered agent. SIGNATURE Signature, title, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)					
DATE 4/28/2005					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete BOYLE, DEANIS O 3078 SHAMROCK N TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Boyle, Dennis O. 283 Rosehill Dr Tallahassee, FL 32312		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete HANEY, TOM C MD 3489 CEDER LANE TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Haney, Tom C 259 Rosehill Dr Tallahassee, FL 32312		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete PHIPPS, CYNTHIA G 2059 MILLER LANDING TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Langford, A. Lawton 5002 Brill Point Tallahassee, FL 32312		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete LANGFORD, A. LAWTON 2941 BRANDEMERE TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Brown, G. Matthew 3429 Gardenview Way Tallahassee, FL 32312		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete BROWN, G. MATTHEW 6260 BLACK FOX WAY TALLAHASSEE, FL 32315	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Howell, Winston 8004 Evening Star Lane Tallahassee, FL 32312		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete HOWELL, WINSTON 3120 SHANNON LAKES DRIVE NORTH TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☐ Addition Howell, Winston 8004 Evening Star Lane Tallahassee, FL 32312		
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: 4/28/05 393-4602 Date Daytime Phone					

FILED

05 MAY 16 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14012489



04282005 Chg-P CR2E034 (10/03)

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		04282005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number: 59-3228475	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 date if applicable					
(NOTE: Registered Agent signature required when registering)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOYLE, DENNIS O 3078 SHAMROCK N TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Charles B Mitchell 3110 Capital Circle NE Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HANEY, TOM C MD 3489 CEDER LANE TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Joseph Camps Jr. 8004 Evening Star Lane Tallahassee, FL 32313	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PHIPPS, CYNTHIA G 2059 MILLER LANDING TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S Linda Palmer 98 Royster Dr Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LANGFORD, A. LAWTON 2941 BRANDEMERE TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROWN, G. MATTHEW 6260 BLACK FOX WAY TALLAHASSEE, FL 32315	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HOWELL, WINSTON 3120 SHANNON LAKES DRIVE NORTH TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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: <u>Linda Palmer</u> <u>Linda Palmer Corporate Secretary</u> <u>4/28/05</u> <u>383-4662</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

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