

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083884

FILED
Mar 29, 2006
Secretary of State

Entity Name: CAPITAL CITY TRUST COMPANY

Current Principal Place of Business:

217 NORTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 11248
C/O J. KIMBROUGH DAVIS
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3277393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POPLE, RANDOLPH M
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DAVIS, J. KIMBROUGH
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: J. KIMBROUGH DAVIS

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUSLEY, DUBOSE
Address: 227 S. CALHOUN ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BARRON, THOMAS A
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL

Title: STD () Delete
Name: DAVIS, J. KIMBROUGH
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL

Title: PD () Delete
Name: POPLE, RANDOLPH M
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL

Title: CD () Delete
Name: SMITH, WILLIAM G JR
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL

Title: SRV (X) Delete
Name: OBLEY JR, ROSS P
Address: 217 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. KIMBROUGH DAVIS

STD

03/29/2006

Electronic Signature of Signing Officer or Director

Date