2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P94000083884

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:

217 NORTH MONROE STREET
TALLAHASSEE, FL 32301

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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	

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:	

I hereby certify that the information supplied with this filing does not qualify 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 04/30/2008

Electronic Signature of Signing Officer or Director — Date