

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023557

FILED
Apr 27, 2007
Secretary of State

Entity Name: FIRST BANKSHARES, INC.

Current Principal Place of Business:

369 N NEW YORK AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

369 N NEW YORK AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3368752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKILLOP, DEBORAH L
369 N. NEW YORK AVE
WINTER PARK, FL 32789 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: PD () Delete
Name: HALL, CHARLES W
Address: 369 N NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: ST () Delete
Name: MCKILLOP, DEBORAH L
Address: 369 N. NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PATEL, PERRY
Address: ROXBURGHE HOUSE, 273-287 REGENT ST
City-St-Zip: LONDON, UK W1R7PB

Title: CD () Delete
Name: PATEL, SUSMA
Address: 369 N. NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PATEL, SUKETA
Address: ROXBURGHE HOUSE, 273-287 REGENTS ST.
City-St-Zip: LONDON, UK W1R7PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PATEL, PERRY
Address: 369 N. NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

Title: D (X) Change () Addition
Name: PATEL, SUKETA
Address: 369 N. NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

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: DEBORAH L MCKILLOP

ST

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date