

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000072822

Entity Name
FIRST NATIONAL CREDIT OF LIVE OAK, INC.



Principal Place of Business
120 N OHIO AVE
LIVE OAK, FL 32060 US

Mailing Address
P.O. BOX DRAWER W
LIVE OAK, FL 32064

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3340502 (Applied For
Not Applicable)
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

8. Name and Address of Current Registered Agent

CRAPPS, JAMES M
309 11TH STREET
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000335915
01/30/06-80028-016 150.00

OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | DP |
| NAME | CRAPPS, JAMES M |
| STREET ADDRESS | PO DRAWER W N/A |
| CITY-ST-ZIP | LIVE OAK, FL 32060 |
| TITLE | VS |
| NAME | FLETCHER, MARSHA D |
| STREET ADDRESS | 9297 127TH LANE |
| CITY-ST-ZIP | LIVE OAK, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

1/12/06 386-362-6099