2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000091593

1. Entity Name
PEOPLES BANK

Principal Place of Business	Mailing Address
32845 US HIGHWAY 19 PALM HARBOR, FL	32845 US HIGHWAY 19 PALM HARBOR, FL

DO NOT WRITE IN THIS SPACE

03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3352277
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000093706
03/22/04-80030-001 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANDON, DAVID L
STREET ADDRESS	557 US ALT. 19
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	DUNBAR, DAVID W
STREET ADDRESS	32845 US 19
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	MARKS, KEN JR
STREET ADDRESS	P O BOX 2336
CITY-ST-ZIP	CLEARWATER, FL 33757
TITLE	D
NAME	KALTENBACH, DONALD F
STREET ADDRESS	8445 CESSNA DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	NELSON, DAVID F
STREET ADDRESS	3483 ALTERNATE 19
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	LATVALA, WOODROW J
STREET ADDRESS	109 PHILLIPS WAY
CITY-ST-ZIP	PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

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: _____ 3-17-04 727-786-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #