2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059726

Entity Name: FIRST COMMUNITY BANK HOLDING CORPORATION

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
21 S CHAF DEBARY, I	RLES RICHAR FL 32713	D BEALL			
Current Mailing Address:			New Maili	ing Address:	
PO BOX 740278 ORANGE CITY, FL 32774					
FEI Number: 59-3394606 FEI Number Applied For () FEI Num			Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
		DO RD BEALL BLVD JS			
The above in the State		submits this statement for the purpos	se of changing i	its registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ENGLERT, TIM	DGE RD NO.12	Title: Name: Address: City-St-Zip:	DPT (X) Change () Addition ENGLERT, TIMOTHY W 2329 RIVER RIDGE RD NO.12 DELAND, FL 32720	
Title: Name: Address: City-St-Zip:	MCMILLON, MI	Delete LTON ARDEN RAND ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCMILLON, MILTON P.O.BOX 7400056 ORANGE CITY, FL 327740056	
Title: Name: Address: City-St-Zip:	D (EVANS, MILTO 1473 N VOLUS ORANGE CITY	IA AVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAYMAN, STEPHEN 998 W. TORCHWOOD DELAND, FL 32724	
Title: Name: Address: City-St-Zip:	D (HAYMAN, STEI 998 W TORCH DELAND, FL 3	WOOD DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LACEY, EDWARD T 2327 SOUTHERN PINES PLACE DELAND, FL 32720	
Title: Name: Address: City-St-Zip:	D () HEARD, RICHA 205 BARRINGT DELAND, FL 3	ON AVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HARLAN, PAUL 142 EAST NEW YORK AVE DELAND, FL 32724	
Title: Name:	D ()	Delete RD T	Title: Name:	VP (X) Change () Addition TISON, WILLIAM G	

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.

Address:

City-St-Zip:

939 TORCHWOOD

DELAND, FL 32724

SIGNATURE: TIMOTHY W. ENGLERT P 01/24/2006

2327 SOUTHERN PINES PL

DELAND, FL 32724

Address:

City-St-Zip: