


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000084900 1. Entity Name PREMIER COMMUNITY BANK	
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Principal Place of Business 160 POINTE LOOP DR. VENICE, FL 34284 US	Mailing Address 160 POINTE LOOP DR. VENICE, FL 34284 US
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0656762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BACON, WILLIAM
STREET ADDRESS	23495 WESTCHESTER BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33930
TITLE	D
NAME	BALDWIN, JON BRADFORD
STREET ADDRESS	1603 GASPER DR S
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	DIGNAM, DAVID M
STREET ADDRESS	5150 THE POINT DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DP
NAME	KUHLMAN, JAMES F
STREET ADDRESS	1440 MACKINTOSH BLVD.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	HUNTER, THOMAS B
STREET ADDRESS	1624 JEAN LA FITTE
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	PICKHARDT, GEORGE D
STREET ADDRESS	790 N RIVER RD
CITY-ST-ZIP	VENICE, FL 34293

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05/03/04-80040-009 150.00

**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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristina L. Arnold SVP/CFO Kristina L. Arnold 4-29-04 941-483-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #