


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094522 1. Entity Name PERRY BANKING COMPANY	
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Principal Place of Business 2000 S BYRON BUTLER PKWY PERRY, FL 32348 US	Mailing Address P.O. BOX 1247 PERRY, FL 32348 US
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3412340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKERT, JERRY D 2000 S BYRON BUTLER PKWY PERRY, FL 32348
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DICKERT, JERRY D 2000 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, A M 2000 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKERT, MARK 2000 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKERT, PAUL 2000 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, FRED SR 2000 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, ROGER R 2000 S BYRON BUTLER PKWY PERRY, FL 32348

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01/11/06-80056-021 150.00

12. I 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:  **Roger Brooks, President/CEO** **01/09/06** **850-584-4411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #