

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042940

FILED
Apr 15, 2005
Secretary of State

Entity Name: CNLBANK

Current Principal Place of Business:

450 S ORANGE AVE.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1546
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-3404322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLLINS, C. MICHAEL
660 OSCEOLA AVE
101
WINTER PARK, FL 32789 US

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.

SIGNATURE: C. MICHAEL COLLINS

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: COLLINS, C. MICHAEL
Address: 660 OSCEOLA AVE #101
City-St-Zip: WINTER PARK, FL 32789

Title: CB () Delete
Name: SENEFF, JAMES
Address: 1300 SUMMERLAND AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BOURNE, ROBERT
Address: 1411 VIA TUSCANY
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: LASKEY, MITCHEL J
Address: 2332 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: THOMPSON, ANDREW
Address: 455 DENTON CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MCWILLIAMS, CURTIS
Address: 970 VIA LUGANO
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: COLLINS, C. MICHAEL
Address: 660 OSCEOLA AVE #101
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSSBURG, KELLEY
Address: 807 GOLF VIEW TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: SCHMIDT, TRACY
Address: 6055 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: C. MICHAEL COLLINS

PCEO

04/15/2005

Electronic Signature of Signing Officer or Director

Date