

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083009

FILED
Jul 01, 2004
Secretary of State

Entity Name: THE COMMERCIAL BANK OF VOLUSIA COUNTY

Current Principal Place of Business:

330 NO NOVA RD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

330 NO NOVA RD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3451153

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:

RAMIREZ, RAFAEL A PD
23 EACLE COURT
ORMOND BEACH, FL 32174

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: RAFAEL A. RAMIREZ

07/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUER, KIRK T
Address: 3355 BLACK BEAR TR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: LAWRENCE, J F
Address: 3301 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: PD () Delete
Name: CAMPBELL, GARY G
Address: 108 OAK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HORTON, THOMAS R
Address: 825 PINE TREE COURT
City-St-Zip: DELAND, FL 32174

Title: D () Delete
Name: BRONSKI, STANLEY S
Address: 250 WOODLAKE LANE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: BUCKMASTER, HARVEY E
Address: 1966 W HYDE DR
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SELBY, DWIGHT C
Address: 1535 FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD (X) Change () Addition
Name: RAMIREZ, RAFAEL A
Address: 23 EAGLE COURT
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D (X) Change () Addition
Name: MUNIER, MICHAEL A
Address: 45 SHADOWCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: RAFAEL A. RAMIREZ

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date

STEPHEN SEIBERT D
1189 N. HALIFAX DRIVE
DAYTONA BEACH, FL 32118

WILLIAM L. OLIVARI D
8 CREEKVIEW WAY
ORMOND BEACH, FL 32174

MICHAEL P. OLIVARI D
479 DRUID CIRCLE
ORMOND BEACH, FL 32174

MICHAEL D. CROTTY D
1800 W. I. S. BLVD
DAYTONA BEACH, FL 32114

WILLIAM L. OLIVARI D

MICHAEL P. OLIVARI D
479 DRUID CIRCLE
ORMOND BEACH, FL 32174

MICHAEL D. CROTTY D
1800 W. I. S. BLVD
DAYTONA BEACH, FL 32114