


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 015 ***150.00

DOCUMENT # P97000091697	
1. Entity Name JACKSONVILLE BANCORP, INC.	

Principal Place of Business 100 NORTH LAURA ST STE 1000 JACKSONVILLE, FL 32202 US	Mailing Address 100 NORTH LAURA ST STE 1000 JACKSONVILLE, FL 32202 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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40075664



04032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent KENDALL, VALERIE EVP/CFO 100 NORTH LAURA ST STE 1000 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name RAX Co. Street Address (P.O. Box Number is Not Acceptable) 46 McGuire Woods LLP 50 North Laura Street, Suite 3300 City Jacksonville FL Zip Code 32202	
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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 *Halcyon E. Skinner* Halcyon E. Skinner, Pres. April 27, 2006
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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, MICHAEL D 2709 SOUTH OCEAN DRIVE JACKSONVILLE BEACH, FL 32205946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENDALL, VALERIE A 100 N LAURA ST STE 1000 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, R.C. 105 MIDDLETON PLACE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMAR, GILBERT J III 4957 ORTEGA BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pomar, Gilbert J., III 100 N Laura St, Ste. 1000 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, JOHN R 1823 SEMINOLE RD JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWENCK, PRICE W 216 NORTH WIND COURT PONTE VEDRA BEACH, FL 32062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Schwenck, Price W. 342 Royal Tern Road South Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Valerie A. Kendall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

904-421-3051
Daytime Phone #

ATTACHMENT

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10. OFFICERS AND DIRECTORS (Continued)	ADDITIONS/CHANGES
TITLE D NAME Mel Gottlieb ADDRESS 3028 Forest Circle CITY Jacksonville, FL 32257	
TITLE D NAME James M. Healey ADDRESS 1301 S. 1 st Street #301 CITY Jacksonville Bch, FL 32257	
TITLE D NAME John C. Kowkabany ADDRESS 110 Palm Place CITY Neptune Beach, FL 32266	
TITLE D NAME Rudolph A. Kraft ADDRESS 1346 Marsh Harbor Dr. CITY Jacksonville, FL 32225	
TITLE D/C NAME Donald E. Roller ADDRESS 1421 Ponte Vedra Blvd. CITY Ponte Vedra Beach, FL	
TITLE D NAME John W. Rose ADDRESS 511 Anderwood Drive CITY Hermitage, PA 16148	
TITLE D NAME Charles F. Spencer ADDRESS 590 Queens Harbour Blvd. CITY Jacksonville, FL 32225	

ATTACHMENT

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TITLE NAME ADDRESS CITY	D Bennett A. Tavar 3076 Isser Lane Jacksonville, FL 32257	
TITLE NAME ADDRESS CITY	D Gary L. Winfield 1451 Beach Avenue Atlantic Beach, FL 32233	