

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016201

FILED
Apr 04, 2005
Secretary of State

Entity Name: COMMUNITY BANK AND TRUST OF FLORIDA

Current Principal Place of Business:

1603 SW 19 AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1570
OCALA, FL 344781570

New Mailing Address:

FEI Number: 59-3472696

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:

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:

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, C. NEAL
Address: 10626 SW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BAILEY, C. WINSTON
Address: 4905 E. COUNTY ROAD 466
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: DAILEY, HUGH F
Address: 12454 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 326172621

Title: D () Delete
Name: DENYER, DAVID R
Address: 3530 SE 18TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: ELLENBERG, KENNETH E
Address: 1238 ISABEL DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: GLADWELL, JIMMY L III
Address: 12551 N.W. HIGHWAY 318
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID R. DENYER

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date