

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000016201

1. Entity Name
COMMUNITY BANK AND TRUST OF FLORIDA



Principal Place of Business
**1603 SW 19 AVENUE
OCALA, FL 34474**

Mailing Address
**P.O. BOX 1570
OCALA, FL 34478-1570**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472696

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, C. NEAL
10626 SW 41 PLACE
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAILEY, C. WINSTON
4905 E. COUNTY ROAD 466
OXFORD, FL 34484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAILEY, HUGH F
12454 NE 14TH AVENUE
ANTHONY, FL 326172621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENYER, DAVID R
3530 SE 18TH AVENUE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLENBERG, KENNETH E
1238 ISABEL DRIVE
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLADWELL, JIMMY L III
12551 N.W. HIGHWAY 318
WILLISTON, FL 32696**

1100000400039
02/01/06-80037-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh F. Dailey

1/2/06

Date

352-369-1000

Daytime Phone #