

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042504

Entity Name: CNLBANCSHARES, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1546
ORLANDO, FL 328021546

New Mailing Address:

FEI Number: 59-3544720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () 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: LASKEY, MITCHEL
Address: 2332 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

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

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

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

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: HANNA, LEE
Address: 13570 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: D (X) Change () Addition
Name: NEWMAN, CHARLES
Address: 24769 HARBOUR VIEW DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 Chapter 119, 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

CEO

04/11/2007

Electronic Signature of Signing Officer or Director

Date