


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000054182 1. Entity Name FIRST NATIONAL BANCSHARES, INC.	
---	---

Principal Place of Business
5817 MANATEE AVE WEST
BRADENTON, FL 34209

Mailing Address
5817 MANATEE AVE WEST
BRADENTON, FL 34209



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1522028	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

FAUSSET, GLEN W
C/O 1ST NATIONAL BANK & TRUST
5817 MANATEE AVE WEST
BRADENTON, FL 34209

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	CD DUPONT, FRANCIS I III 5817 MANATEE AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAUSSET, GLEN W 5817 MANATEE AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATEJCEK, ROBERT 5817 MANATEE AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'REILLY, ANGELA A 5817 MANATEE AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEALL, BEVERLY 5817 MANATEE AVE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLALOCK, ROBERT G 5817 MANATEE AVE. BRADENTON, FL 34209

000000140188
04/24/04-80152-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERT MATEJCEK, SVP** 4/28/04 941-746-4964 x310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #