

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077102

FILED
Apr 20, 2007
Secretary of State

Entity Name: PEOPLES COMMUNITY BANCSHARES, INC.

Current Principal Place of Business:

25 SOUTH LINKS AVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 1779
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0883406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER DOUGHERTY, P.A.
1501 PARK AVE. E.
TALLAHASSEE, FL 32301 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: PCD () Delete
Name: MCCURRY, NEIL D JR
Address: 1740 PROSPECT STREET
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: LIEBAL, STEVE E
Address: 1424 N LAKESHORE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: COX, JOEL M
Address: 264 ROCKHILL CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: SKOKOS, PETER Z
Address: 902 WOODVIEW WAY
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: BEAUCHAMP, WILLIAM J JR
Address: 921 N LIME AVE
City-St-Zip: SARASOTA, FL 34237

Title: CFO () Delete
Name: BARTH, DOROTHY S
Address: 470 ACACIA DRIVE
City-St-Zip: SARASOTA, FL 34234

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:

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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 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: DOROTHY S BARTH

CFO

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date