2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098056

Entity Name: FLORIDA CITIZENS BANK

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3919 W. NEWBERRY ROAD GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 720 S PINE AVE OCALA, FL FEI Number: 59-3543636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WALLS, CARL F 6401 SW 35TH WAY GAINESVILLE, FL 32608 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: CARL F. WALLS 04/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOVAY, JOHN C Name: Name: 6305 SW 103RD ST Address: Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUTLER, DEBORAH J Name: 2306 SW 13TH ST Address: Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition CRAWFORD, GEORGE T Name: Name: 2310 SE 8TH ST Address: Address: City-St-Zip: GAINESVILLE, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JOSEPH W Name: Name: Address: 1401 NW 60TH ST Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: Title: () Delete () Change () Addition DEAN, JONATHAN S Name: Name: 14035 NW CR 464-B Address: Address: City-St-Zip: MORRISTON, FL 32668 City-St-Zip: Title: () Delete Title: () Change () Addition ELLIS, LARRY T Name: Name: 5400 NW 39 AVE #M103 Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32614

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: JOHN C. BOVAY D 04/26/2004

TOM WORD, SVP 2705 NW 18TH WAY GAINESVILLE, FL 32605

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