

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099141

FILED
Mar 31, 2005
Secretary of State

Entity Name: FIRST COMMUNITY BANCORP, INC.

Current Principal Place of Business:

104 SOUTH LAKE STREET
PAHOKEE, FL 334761888

New Principal Place of Business:

Current Mailing Address:

104 SOUTH LAKE STREET
PAHOKEE, FL 334761888

New Mailing Address:

FEI Number: 65-0879475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, DALE W
104 SOUTH LAKE STREET
PAHOKEE, FL 334761888 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: PC () Delete
Name: MORRIS, DALE W
Address: 104 S. LAKE AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: SRVP () Delete
Name: STEVENS, LARRY J
Address: 104 S. LAKE AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: STUBBS, SIDNEY A
Address: PO BOX 3475
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D () Delete
Name: PATE, S C
Address: 209 S MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: ALVAREZ, GILBERTO
Address: 400 NE 2ND ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: CREWS, J W
Address: PO BOX 248
City-St-Zip: WAUCHULA, FL 33873

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:

Title: () Change () Addition
Name:
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 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: DALE W MORRIS

PC

03/31/2005

Electronic Signature of Signing Officer or Director

Date