2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106998

Entity Name: FIRST COMMUNITY BANK OF SOUTHWEST FLORIDA

FILED Jan 21, 2007 Secretary of State

y		SIMINGIAL PERMIT		-OTTIB/T			
Current Principal Place of Business:				New Principal Place of Business:			
	CEDAR DRIV ERS, FL 3390						
Current Mailing Address:				New Mailing Address:			
	CEDAR DRIV ERS, FL 3390						
FEI Number:	65-0860854	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired	()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	New Registered Agent:	
					/ID C CEDAR DRIV ERS, FL 3390		
The above in the State		submits this statement for the p	ourpose of	f changing it	ts registered o	office or registered agent, o	r both,
SIGNATURE: DAVID CARLETON HALL				01/21/2007			
	Electror	ic Signature of Registered Age	ent			Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DTS () HALL, DAVID C 1565 RED CED FORT MEYERS	AR DRIVE		Title: Name: Address: City-St-Zip:	DP (X HALL, DAVID O 1565 RED CED FORT MEYERS	DAR DRIVE	
Title: Name: Address: City-St-Zip:	DP () BLACK, EDWA 9705 KEEL CO FORT MYERS,	URT		Title: Name: Address: City-St-Zip:	S (X MUROLO, CAR 1565 RED CED FORT MYERS,	DAR DRIVE	
Title: Name: Address: City-St-Zip:	BRANCH, WILL	IGS DRIVE #1709		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () TRIPPE, GARY 1565 RED CEE FORT MYERS,	AR DRIVE		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	D () MALBON, PAUI 16340 WILLOV FORT MYERS,	VCREST WAY		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	MCHALE, GER 7146 ESTERO			Title: Name: Address: City-St-Zip:) Change ()Addition	

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: DAVID CARLETON HALL P 01/21/2007