

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107008

Entity Name: FIRST PEOPLES BANK

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Mailing Address:

1792 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

FEI Number: 65-0824842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SKILES, DAVID W MR.
1301 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

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: DAVID W. SKILES

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: SKILES, DAVID W
Address: 1301 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DVC () Delete
Name: BAKER, JOHN
Address: 1768 CORAL WAY NORTH
City-St-Zip: VERO BEACH, FL 32963

Title: CD () Delete
Name: BERGER, GARY A
Address: 7655 CHARLESTON WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: CUOZZO, DONALD J
Address: 289 SW HARBOR VIEW DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: DS () Delete
Name: DECKER, ANN L
Address: 250 NW COUNTRY CLUB DR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: MIRET, PAUL J
Address: 7950 POPPYHILLIS LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

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
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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: NANCY E. AUMACK

SVP

04/16/2007

Electronic Signature of Signing Officer or Director

Date