

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002454

Entity Name: FLORIDA CHOICE BANK

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

18055 US HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18055 US HIGHWAY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3526730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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:

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARTCH, DALE E
Address: 11226 LANE RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BAUMANN, JEFFREY D
Address: 1648 BRIDGEWATER DR
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: DESAI, PARESH G
Address: 507 NW 9TH AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D () Delete
Name: HOFMEISTER, TOM L
Address: 955 COUNTRY CLUB RD
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: LAROE, C. MICHAEL
Address: 33940 LEE AVE
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: LAROE, KENNETH E
Address: 212 VINCENT DR
City-St-Zip: MT. DORA, FL 32757

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: MELISSA ATKINS

AVP

04/12/2005

Electronic Signature of Signing Officer or Director

Date