


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90022 038 \*\*\*158.75

<b>DOCUMENT # P99000008347</b>	
1. Entity Name <b>FIRST COMMERCIAL BANK OF FLORIDA</b>	

Principal Place of Business <b>945 S ORANGE AVENUE ORLANDO, FL 32806</b>	Mailing Address <b>945 S ORANGE AVENUE ORLANDO, FL 32806</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**40020363**



02052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3560241</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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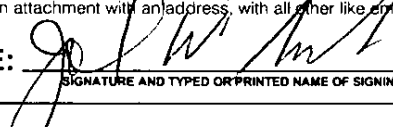
6. Name and Address of Current Registered Agent <b>Rowe, Alan M. 945 S. Orange Avenue Orlando, FL 32806</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ASHER, DONALD L JR 2221 SANTA ANTILLES RD ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bauknight, James 3600 E. Roy Bronson Memorial Hwy St Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, PETER J 6020 TOPSAIL RD. LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Owen, Philip 1589 Sunset Lane Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWYER, JAMES W 900 LIVE OAK STREET MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/R Rowe, Alan M 3544 Country Lakes Drive Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, STEPHEN C 2667 LAKE SHORE DRIVE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spafford, Sidney 5250 Canterbury Lane Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUDNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spraggins, Sr Michael 1325 Country Club Oaks Circle Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, DOUGLAS A 1610 WATERWATCH DR ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Ter Beck, Thomas 2251 Spring Lake Circle St Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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<b>SIGNATURE:</b> 	<b>JOHN W. MARTIN, C.F.A.</b> <b>SENIOR VICE PRESIDENT/CFO</b> <b>FIRST COMMERCIAL BANK</b> <b>945 S. ORANGE AVENUE</b> <b>ORLANDO, FL 32806</b>	Date <b>2/6/08</b>	Daytime Phone # <b>407-872-3889 x76</b>
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# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # P99000008347</b> 1. Entity Name <b>FIRST COMMERCIAL BANK OF FLORIDA</b>					
Principal Place of Business <b>945 S ORANGE AVENUE ORLANDO, FL 32806</b>			Mailing Address <b>945 S ORANGE AVENUE ORLANDO, FL 32806</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40020363</div>	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3560241</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	CFO/SVP Martin, John W. 1230 Sharon place Winter Park, FL 32189	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHER, DONALD L JR		NAME	SVP	
STREET ADDRESS	2221 SANTA ANTILLES RD		STREET ADDRESS	Cowherd, Jeffrey B.	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	100 Campbell Street Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, PETER J		NAME		
STREET ADDRESS	6020 TOPSAIL RD.		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWYER, JAMES W		NAME		
STREET ADDRESS	900 LIVE OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, STEPHEN C		NAME		
STREET ADDRESS	2667 LAKE SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDNEY, DOUGLAS		NAME		
STREET ADDRESS	1443 BUCKWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUHN, DOUGLAS A		NAME		
STREET ADDRESS	1610 WATERWATCH DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT 40020363

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** P99000008347

**Business Entity Name** FIRST COMMERCIAL BANK OF FLORIDA

**Original File Date** 01/27/1999

**FEI Number** 59-3560241

**Principal Address** 945 S ORANGE AVENUE  
ORLANDO, FL 32806

**Mailing Address** 945 S ORANGE AVENUE  
ORLANDO, FL 32806

**Registered Agent**

### Officer/Director Name And Address

DC  
JR DONALD L ASHER  
2221 SANTA ANTIILLES RD  
ORLANDO, FL 32801

D  
PETER J MCDONALD  
6020 TOPSAIL RD.  
LADY LAKE, FL 32159

D  
JAMES W BOWYER  
900 LIVE OAK STREET  
MAITLAND, FL 32751

D  
STEPHEN C CAHILL  
2667 LAKE SHORE DRIVE  
ORLANDO, FL 32803

D  
DOUGLAS DOUDNEY

1443 BUCKWOOD CIRCLE  
ORLANDO, FL 32806

D  
DOUGLAS A HUHNS  
1610 WATERWITCH DR  
ORLANDO, FL 32806

40020363  
#999000008347

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

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