

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000008347

FILED
Feb 18, 2009
Secretary of State**Entity Name:** FIRST COMMERCIAL BANK OF FLORIDA**Current Principal Place of Business:**945 S ORANGE AVENUE
ORLANDO, FL 32806**New Principal Place of Business:****Current Mailing Address:**945 S ORANGE AVENUE
ORLANDO, FL 32806**New Mailing Address:****FEI Number:** 59-3560241**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:**ROWE, ALAN M
945 S. ORANGE AVE
ORLANDO, FL 32806 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: ALAN ROWE

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ASHER, DONALD L JR
Address: 2221 SANTA ANTILLES RD
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MCDONALD, PETER J
Address: 6020 TOPSAIL RD.
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: BOWYER, JAMES W
Address: 900 LIVE OAK STREET
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: CAHILL, STEPHEN C
Address: 2667 LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: DOUDNEY, DOUGLAS
Address: 1443 BUCKWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HUHNS, DOUGLAS A
Address: 1610 WATERWITCH DR
City-St-Zip: ORLANDO, FL 32806

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 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: ERIKA FLORES

ACCT

02/18/2009

Electronic Signature of Signing Officer or Director

Date