2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000019211

1. Entity Name
PREMIER BANK HOLDING COMPANY

Principal Place of Business	Mailing Address
3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308	3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0461161
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, G. MATTHEW
PREMIER BANK HOLDING COMPANY
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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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: G. Matthew Brown/CEO 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000004403584
02/06/06-80013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BOYLE, DENNIS O
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083706
TITLE	DV
NAME	LANGFORD, AL
STREET ADDRESS	3110 CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083708
TITLE	D
NAME	HOWELL, WINSTON K
STREET ADDRESS	3110 CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083706
TITLE	D
NAME	CAMPS, JOSEPH L JR
STREET ADDRESS	3110 CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083706
TITLE	D
NAME	HANEY, THOMAS C
STREET ADDRESS	3110 CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083706
TITLE	D
NAME	CYNTHIA, PHIPPS G
STREET ADDRESS	3110 CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 323083706

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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.

SIGNATURE: Linda K. Palmer Linda K. Palmer/Corporate Secretary 1/25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #