

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000019211

1. Entity Name
PREMIER BANK HOLDING COMPANY



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

Mailing Address
**3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308**

DO NOT WRITE IN THIS SPACE



01292007 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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

G. Matthew Brown/CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
BOYLE, DENNIS O
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 323083706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LANGFORD, AL
3110 CAPITAL CIR NE
TALLAHASSEE, FL 323083708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOWELL, WINSTON K
3110 CAPITAL CIR NE
TALLAHASSEE, FL 323083706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPS, JOSEPH L JR
3110 CAPITAL CIR NE
TALLAHASSEE, FL 323083706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANEY, THOMAS C
3110 CAPITAL CIR NE
TALLAHASSEE, FL 323083706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CYNTHIA, PHIPPS G
3110 CAPITAL CIR NE
TALLAHASSEE, FL 323083706**

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03/01/07-80060-011 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Palmer/Corporate Secretary

EVP/GEO

Daytime Phone #