

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 014 ***150.00

DOCUMENT # P99000028638					
1. Entity Name THE JACKSONVILLE BANK					
Principal Place of Business 100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202			Mailing Address 100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3571314	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
[Blank]			Name: RAX Co. Street Address (P.O. Box Number is not acceptable): 50 N. Laura Street, Suite 3300 City: Jacksonville State: FL Zip Code: 32202		
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:			Halcyon E. Skinner, Pres.		April 27, 2006
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARTER, DENNIS M 2709 OCEAN DR S JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOTTLIEB, MELVIN 3028 FOREST CIR JACKSONVILLE, FL 322575620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HALL, SCOTT 809 CHERRY GROVE ROAD ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLS, R C 105 MIDDLETON PLACE PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSE, JOHN W 511 ANDERWOOD DR HERMITAGE, PA 16148		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHULTZ, JOHN R 1823 SEMINOLE RD JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE:			4/27/06		904-421-3051
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT

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10. OFFICERS AND DIRECTORS (Continued)	ADDITIONS/CHANGES
TITLE V NAME Valerie A. Kendall ADDRESS 100 N Laura St., Ste.1000 CITY Jacksonville, FL 32202	
TITLE D NAME James M. Healey ADDRESS 1301 S. 1 st Street #301 CITY Jacksonville Bch, FL 32257	
TITLE D NAME John C. Kowkabany ADDRESS 110 Palm Place CITY Neptune Beach, FL 32266	
TITLE D NAME Rudolph A. Kraft ADDRESS 1346 Marsh Harbor Dr. CITY Jacksonville, FL 32225	
TITLE D/C NAME Donald E. Roller ADDRESS 1421 Ponte Vedra Blvd. CITY Ponte Vedra Beach, FL	
TITLE D/C NAME Price W. Schwenck ADDRESS 342 Royal Tern Road South CITY Ponte Vedra Beach, FL	
TITLE D NAME Charles F. Spencer ADDRESS 590 Queens Harbour Blvd. CITY Jacksonville, FL 32225	

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TITLE NAME ADDRESS CITY	D Bennett A. Tavar 3076 Isser Lane Jacksonville, FL 32257	
TITLE NAME ADDRESS CITY	D Gary L. Winfield 1451 Beach Avenue Atlantic Beach, FL 32233	