2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90020 046 ***150.00

DOCUMENT # P99000034387

1. Entity Name
CYPRESSCOQUINA BANK

Principal Place of Business	Mailing Address
1020 W GRANADA BLVD ORMOND BEACH, FL 32174	1020 W GRANADA BLVD ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3572957
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

James E. Weite, CEO
1020 W. Granada Blvd.
Ormond Beach FL 32174

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	WEITE, JAMES E JR
STREET ADDRESS	1 CREEK BEND WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	PAGE, BRUCE E
STREET ADDRESS	1520 LAMBERT AVE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	EPTON, JOE P
STREET ADDRESS	179 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	BLANFORD, MARK O
STREET ADDRESS	27 BULOW WOODS CIRCLE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	CD
NAME	HOLCOMB, JOHN H
STREET ADDRESS	P.O. BOX 10686
CITY-ST-ZIP	BIRMINGHAM, AL 35202
TITLE	D
NAME	ADAMS, ROBERT L
STREET ADDRESS	444 SEABREEZE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118 * See Attached

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/5/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CypressCoquina Bank
Directors (Additional to page 1)

Last Name	First Name & MI	TITLE	Address	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Baylor	Albert W.	D	1860 CR 206	Bunnell	FL	32110
Bledsoe	Ronnie	D	P.O. Box 1626	Ormond Beach	FL	32175
Bolerjack	Daniel J.	D	513 Riverview Blvd	Daytona Beach	FL	32118
Chanfrau	William M.	D	226 Country Club Dr	Ormond Beach	FL	32176
Chiumento	Michael D.	D	4B Old Kings Road N	Palm Coast	FL	32137
Crews	C. Scott	D	P.O. Box 69	Bunnell	FL	32110
Culler	Lee C.	D	P.O. Box 1470	Ormond Beach	FL	32175
Gibbs	Thomas L.	D	P.O. Box 354429	Palm Coast	FL	32137
Jobalia	Dipak D.	D	846 Riverside Drive	Ormond Beach	FL	32176
Keyes	Gerald P.	D	5 Utility Drive, Ste. #14	Palm Coast	FL	32137
McNab	James M.	D	P.O. Box 1230	Flagler Beach	FL	32136
Voges	William J.	D	275 Clyde Morris Blvd	Ormond Beach	FL	32174

ATTACHMENT
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#P1000034387