## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DO 011  |   |                               |                            |  | FIL                    |                                |                               |
|---|---|-------------------------------|----------------------------|--|------------------------|--------------------------------|-------------------------------|
| DOCUMENT # P99000070268   |   |                               |                            |  |                        |                                |                               |
| 1. Entity Name PALM BEACH COUNTY BANK   |   |                               |                            |  | D4 AUG 16 A            | M 11: 04                       |                               |
| Principal Plac  | o of Rusinose                                 | Mailing Address               | ( No. 10.                  |  | SECRETARY C            | F STATE                        |                               |
| Principal Place of Business Mailing Address 3717 BOYNTON BEACH BLVD. PO BOX 3809  |   |                               |                            | T/   | ALLAHASSEE             | , FLORIDA                      |                               |
| BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 3342  |   |                               |                            |  |                        |                                |                               |
|   |   |                               |                            |  |                        | DOUG SEAN LESGO DEAN AIRIN DAN |                               |
| Principal Place of Business     3. Mailing Address  |   |                               |                            |  |                        |                                |                               |
| 2130 CENTREPARK WEST M P. O. BOX 22<br>Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                               | 20209                      |  | 10/11/ 50/11           |                                |                               |
| Suite, Apr. #, etc.   |   |                               |                            | 060820   | 04 Chg-P               | CR2E034 (10/0                  | 3)                            |
| City & State  WEST Palm BEACK, FL  Zip  33409  6. Name and Address of Current Registered Agent  |   |                               | ac C, FL 3 <del>3.72</del> | 4. FEI No.   | umber<br>1940289       |                                | Applied For<br>Not Applicable |
| Zip<br>スタイン   | Country                                       | Zip 224//                     | Country                    |  | cate of Status Desired | \$8.75                         |                               |
| 2370  | 6. Name and Address of Current I              | Registered Agent              | 451                        | 7, Name  | and Address of New     | Fee Requ                       | ired                          |
| Name Name   |   |                               |                            | Dilliam R. Martin                                  |                        |                                |                               |
| CAIVIN L. CEARLEY   |   |                               |                            | Street Address (P.O. Box Number is Not Acceptable) |                        |                                |                               |
| CAIVIN L. CEARLEY  Street Address  4398   |   |                               |                            | 98 00  | <u> </u>               | 0116                           |                               |
| WEIling town, FL 33414  8. The above named entity submits this statement for the purpose of changing its registered office or register.   |   |                               |                            | water I  | SEACL                  | FL Zyg                         | ode<br>926                    |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or  |   |                               |                            |  |                        | Florida. I am familiar w       | ith, and accept               |
| the obligations of registrated agent.   |   |                               |                            |  |                        |                                |                               |
| SIGNATURE Signature: typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |                               |                            |  |                        |                                |                               |
| 9 Election Compaign Figure # 65 00  |   |                               |                            |  |                        |                                |                               |
| Amended AR Is \$61.25  9. Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution.   |   |                               |                            |  |                        |                                |                               |
| 10.   | OFFICERS AND                                  | DIRECTORS                     | 11.                        | ADDITIO  | NS/CHANGES TO O        | FFICERS AND DIRECTO            | ORS IN 11                     |
| TITLE   | D   | TITLE                         | λ                          |  | □ Chang                | ge - Addition                  |                               |
| NAME<br>STREET ADDRESS  | RAPAPORT, PETER A<br>1557 N OCEAN BLVD.       | NAME<br>STREET ADDRESS        | JOHN D.                    | MARTINI.   | S DRIVE                |                                |                               |
| CITY-ST-ZIP   | PALM BEACH, FL 33480                          |                               | Bounton                    | Bench, Fo  | - 33 43 6              |                                |                               |
| TITLE   | D   | ☐ Delete                      | TITLE                      |  |                        | ☐ Chang                        | ge Addition                   |
| NAME<br>CERET ADOPES  | RAPAPORT, JONATHAN F                          | NAME                          |                            |  |                        |                                |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   | 2701 TECUMSEH DR<br>WEST PALM BEACH, FL 33409 | STREET ADDRESS<br>CITY-ST-ZIP |                            |  |                        |                                |                               |
| TITLE   | D   | ☐ Delete                      | TITLE                      |  |                        | ☐ Chang                        | ge Addition                   |
| NAME<br>STREET ADDRESS  | NOREM, STORMET C<br>2150 S OCEAN BLVD, 7-B    |                               | NAME<br>STREET ADDRESS     | -  | 200040                 |                                |                               |
| CITY-ST-ZIP   | DELRAY BEACH, FL 33483                        | CITY-ST-ZIP                   | 08/                        | 23/040100  | 378297<br>5001 **61    | .25                            |                               |
| TITLE   | D   | ☐ Delete                      | TITLE                      |  |                        | ☐ Chang                        |                               |
| NAME<br>STREET ADDRESS  | ROSENBACH, DEAN J<br>1124 COUNTRY CLUB DR     |                               | NAME<br>STREET ADDRESS     |  |                        |                                |                               |
| CITY-ST-ZIP   | NORTH PALM BEACH, FL 3340                     | 8                             | CITY-ST-ZIP                |  |                        |                                |                               |
| TITLE   | D   | ☐ Delete                      | TITLE                      |  |                        | ☐ Chanç                        | ge 🔲 Addition                 |
| NAME<br>STREET ADDRESS  | CEARLEY, CALVIN L<br>15542 CYPRESS PARK DR    |                               | NAME<br>STREET ADDRESS     |  |                        |                                |                               |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          |                               | CITY-ST-ZIP                |  |                        |                                |                               |
| TITLE   | D   | ☐ Delete                      | TITLE                      |  |                        | Chang                          | ge 🔲 Addition                 |
| NAME<br>STREET ADDRESS  | MARTIN, WILLIAM R<br>4398 CARYOTA DR          |                               | NAME<br>STREET ADDRESS     |  |                        |                                |                               |
| CITY-ST-ZIP   | BOYNTON BEACH, FL 33436                       |                               | CITY-ST-ZIP                |  |                        |                                |                               |
| 12. 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 VO A MANGET MINISTER SHIPLY   |   |                               |                            |  |                        |                                |                               |
| SIGNATURE: MANCY J MINISTR 8/12/04 56/684 55/5  SIGNATURE: Date Desprished NAME OF SIGNING OFFICER OR DIRECTOR  Date Desprish Prone #   |   |                               |                            |  |                        |                                |                               |