


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001411 1. Entity Name BANK OF ALABAMA	
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Principal Place of Business 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209	Mailing Address 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0698178	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD PUCKETT, W. DAN 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSH, CAROL W 2340 WOODCREST PLACE, SUITE 200 BURMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, STANLEY L 2700 CORPORATE DRIVE, SUITE 120 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, DAVE W II P.O. BOX 610130 BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, H. BRADFORD P.O. BOX 100759 BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERSON, CHARLES K 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209

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02/14/05-80077-009 150.00

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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)(f), 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: Carol W. Marsh Carol W. Marsh 02-8-05 205-803-5842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #