

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454595

FILED  
May 19, 2008  
Secretary of State

Entity Name: VALLEY BANK

**Current Principal Place of Business:**

LAS OLAS CENTRE II  
350 E. LAS OLAS BLVD., STE. 800  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

LAS OLAS CENTRE II  
350 E. LAS OLAS BLVD., STE. 800  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 59-1548423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENSON, LARRY C  
424 W. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33311      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HENSON, LARRY C  
Address: 424 WEST SUNRISE BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 333116211

Title: D      ( ) Delete  
Name: WOODS, JIM  
Address: 1441 E HIGHWAY 316  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: BUNN, JIM  
Address: 5342 HEATHER GLEN CIRCLE  
City-St-Zip: BETTENDORF, IA 52722

Title: D/S      ( ) Delete  
Name: TONN, GENE H  
Address: 7201 NW 9TH ST  
City-St-Zip: PLANTATION, FL 33317

Title: D      ( ) Delete  
Name: WILLIAMS, RAY  
Address: 715 CORDOVA RD  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CD      ( ) Delete  
Name: PRIMEAU, JOHN G  
Address: 8760 SW 57TH STREET  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PRIMEAU

CD

05/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date