

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83024

Entity Name: PILOT BANK

FILED
Jun 08, 2007
Secretary of State

Current Principal Place of Business:

5140 EAST FOWLER AVENUE
P.O. BOX 16828, TEMPLE TERRACE, 33687
TAMPA, FL 336876828 US

New Principal Place of Business:

2901 E. FOWLER AVENUE
TAMPA, FL 33612 US

Current Mailing Address:

2901 E FOLWER AVE
P.O. BOX 16828
TAMPA, FL 336876828 US

New Mailing Address:

2901 E. FOWLER AVENUE
TAMPA, FL 33612 US

FEI Number: 59-2689717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PUFFER, JOHN W III
2901 E. FOWLER AVENUE
TAMPA, FLORIDA, FL 33612 US

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: JOHN W. PUFFER, III

06/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEWEESE, WILLIAM O
Address: 4033 PRIORITY CIRCLE
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: MCCARTHY, JOHN J
Address: 701 BANNOCKBURN AVENUE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: PORTER, CHARLES G
Address: P.O. BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: ROSS, ANN MCKEEL
Address: 606 S RIVERHILLS DR
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: TOMASINO, PAUL
Address: 12301 N 52ND ST
City-St-Zip: TAMPA, FL 33617

Title: V () Delete
Name: MILLS, BRETT
Address: 15805 HAPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

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: BRETT MILLS

V

06/08/2007

Electronic Signature of Signing Officer or Director

Date