


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 024 ***158.75

DOCUMENT # P02000033247
 1. Entity Name
FCB FLORIDA BANCORPORATION, INC.



Principal Place of Business Mailing Address
945 S ORANGE AVE **945 S ORANGE AVE**
ORLANDO, FL 32806 **ORLANDO, FL 32806**

40036527



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03032007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number
52-2366191 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWE, M. ALAN 945 S ORANGE AVE ORLANDO, FL 32806	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHER, DONALD L JR	NAME	Bauknight, James
STREET ADDRESS	2221 SANTA ANTIILLES RD.	STREET ADDRESS	5600 E. Irol Bronson Memorial Hwy
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	St. Cloud, FL 34771
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, PETER J	NAME	Owen, Philip
STREET ADDRESS	39144 HARBOR HILLS BLVD	STREET ADDRESS	7621 W. Irol Bronson Hwy
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWYER, JAMES W	NAME	Raze, Alan M.
STREET ADDRESS	900 LIVE OAK STREET	STREET ADDRESS	3544 Country Lakes Drive
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	Orlando, FL 32812
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAHILL, STEPHEN C	NAME	Spafford, Sidney
STREET ADDRESS	2667 LAKE SHORE DRIVE	STREET ADDRESS	505 Canterbury Lane
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUDNEY, DOUGLAS	NAME	Spriggins, SR Michael
STREET ADDRESS	1443 BUCKWOOD CIRCLE	STREET ADDRESS	1325 Country Club Oaks Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input type="checkbox"/> Delete	TITLE	EVF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUHN, DOUGLAS A	NAME	TerBeek, Thomas
STREET ADDRESS	1610 WATERWITCH DR	STREET ADDRESS	2221 Spring Lake Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	St. Cloud, 34771

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **3/15/07** **407-872-3888 x310**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P02000033247			
1. Entity Name FCB FLORIDA BANCORPORATION, INC.			
Principal Place of Business 945 S ORANGE AVE ORLANDO, FL 32806		Mailing Address 945 S ORANGE AVE ORLANDO, FL 32806	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 52-2366191	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROWE, M. ALAN 945 S ORANGE AVE ORLANDO, FL 32806		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ASHER, DONALD L JR 2221 SANTA ANTILLES RD. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO / SUP Martin, John W 1230 Sharon Place Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, PETER J 39144 HARBOR HILLS BLVD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Cawherd, Jeffery B. 1070 Campacci Street Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWYER, JAMES W 900 LIVE OAK STREET MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. McDonald, Peter J 6020 Tapsail Road Lady Lake, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, STEPHEN C 2667 LAKE SHORE DRIVE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUDNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, DOUGLAS A 1610 WATERWITCH DR ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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