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

03-15-2007 90028 024 ***158.75

2007	FOR I	PROFIT	CORP	ORATIO	N
	AN	INUAL	REPOR	T	

DOCUMENT # P02000033247 FCB FLORIDA BANCORPORATION, INC. Principal Place of Business Mailing Address 40036527 945 S ORANGE AVE 945 S ORANGE AVE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 52-2366191 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWE, M. ALAN Street Address (P.O. Box Number is Not Acceptable) 945 S ORANGE AVE ORLANDO, FL 32806 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/ 10. 11. ☐ Delete Addition TITLE TITLE ☐ Change Bauknight, Tames ASHER, DONALD L JR NAME NAME 5600 E. Irol Bronson Memorial Huy STREET ADDRESS 2221 SANTA ANTILLES RD. STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32801 CITY-ST-ZIP St. Goud, R. 347711 TITLE Addition TITLE ☐ Delete ☐ Change Owen, Philip 7621 W. Irlo Bronson Huy MCDONALD, PETER J NAME NAME STREET ADDRESS 39144 HARBOR HILLS BLVD STREET ADDRESS CITY-S1-ZIP LADY LAKE, FL 32159 CITY-ST-7IP KISSIMMER, FL 34746 TITLE TITLE ☐ Change Addition ☐ Delete Bove, Alan M. BOWYER, JAMES W NAME 3544 Country Lakes Drive STREET ADDRESS 900 LIVE OAK STREET STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIE Orlando, RL 32812 TITLE ☐ Delete TITLE ☐ Change Addition Spafford, Sidney 505 Canterbury Lane NAME CAHILL, STEPHEN C NAME 2667 LAKE SHORE DRIVE STREET ADORESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP C(TY-ST-ZIE Kissinniee, Fi 34741 Delete TITLE Addition TITLE ☐ Change Michael Spraggins, SR NAME DOUDNEY, DOUGLAS NAME STREET ADDRESS 1443 BUCKWOOD CIRCLE STREET ADDRESS 1325 Country Club Oaks arche ORLANDO, FL 32806 CITY-ST-ZIE CITY-ST-ZIP arlando, ☐ Delete TITLE Change [TVAddition TITLE Ter Beek, Thomas HUHN, DOUGLAS A NAME NAME 1610 WATERWITCH DR 2221 Spring Lake STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-7IP 34771 12. Thereby 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 supplementary eport 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 fustee empowered to execute this report as recoired 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. 461-872-3888 X310 SIGNATURE: OR PRINTED NAME OF Daytime Phone #

2007 FOR PROFIT CORPORATION _ANNUAL REPORT

ATTACHMENT

	ANNUA	LKEPUKI			_	, , , , , , ,	1 1141 -1	4 1		
DOCUMENT # P02000033247										
1. Entity Name FCB FLORIDA BANCORPORATION, INC.										
Principal Place of Business		Mailing Address								
945 S ORANGE AVE		945 S ORANGE AVE	945 S ORANGE AVE							
ORLANDO, FL 32806		ORLANDO, FL 32806		۸۱۱	1771	60				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4	036	bC	"7			
							′			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State		4. FEI Number 52-2366			⊢	pfied For at Applicable		
Zip Country		Zip Country		•	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Re		t Registered Agent	stered Agent		7. Name and Address of New Registered Agent					
ROWE, M	ALAN		Name	9						
945 S OR/	ANGE AVE D. FL 32806		Stree	t Address (I	P.O. Box Number	is Not Acceptable	9)			
ONDANDO	5,1 E 32800									
			City				FL	Zip Code	e	
8. The above the obligat	enamed entity submits this statement factors of registered agent.	or the purpose of changing its r	egistered office	or register	ed agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE.										
5,0,1,1,1,0,1,2,1	Signature, typed or printed name of registered ager	and title if applicable (NOTE	Registered Agent sig	nature required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig Trust Fund Contri		\$5 . □ Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	D/C ASHER, DONALD L JR	☐ Delete	TITLE NAME	CFC) /SUP tin, John	- · · ·		Change	Addition	
STREET ADDRESS	STREET ADDRESS 2221 SANTA ANTILLES RD.		STREET ADDRES		tin i 2 bini 2 Sharba	Place.	a			
CITY-ST-ZIP	ORLANDO, FL 32801	Delete	CITY-ST-ZIP	N .M SVP	ter Park,	F 32	189	☐ Change	Addition	
NAME	MCDONALD, PETER J	Delete	NAME COW		herd Te	ffery o.		Shange	TA VOORION	
STREET ADDRESS CITY-ST-ZIP	39144 HARBOR HILLS BLVD LADY LAKE, FL 32159		STREET ADDRES CITY-ST-ZIP	1.0.0	ado in	,		,	1	
TITLE	D	☐ Delete	TITLE	40				Change	☐ Addition	
NAME Street Address			NAME STREET ADDRES	S LOZA	onka, 46 Tarsail	Boad Boad				
CITY-ST-ZIP			CHY-ST-ZIP	had	y Lake	eter J Road FL 321	59			
TITLE NAME	D CAHILL, STÉPHEN C	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	2667 LAKE SHORE DRIVE		STREET ADDRES	is						
CITY-ST-ZIP	ORLANDO, FL 32803	☐ Delete	CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	
NAME	DOUDNEY, DOUGLAS		NAME							
STREET ADDRESS CITY-ST-ZIP	1443 BUCKWOOD CIRCLE ORLANDO, FL 32806		STREET ADDRES CITY-ST-ZIP	S						
TITLE	D HUHN, DOUGLAS A	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	STREET ADDRESS 1610 WATERWITCH DR STREE		NAME STREET ADDRES	s					i	
CITY-ST-ZIP	ORLANDO, FL 32806	th this filling does not avail!	CHY-ST-ZIP		Lin Charter 140	Elected Contract 1	further "	for the state of	of a second in a	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #										