

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 010 ***158.75

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

40020430



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

3. Mailing Address
 Suite, Apt. #, etc.

02052008 Chg-P CR2E034 (12/06)

City & State
 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
 ROWE, M. ALAN
 945 S ORANGE AVE
 ORLANDO, FL 32806

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D/C ASHER, DONALD L JR 2221 SANTA ANTILLES RD. ORLANDO, FL 32801 <input type="checkbox"/> Delete
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	D BOWYER, JAMES W 900 LIVE OAK STREET MAITLAND, FL 32751 <input type="checkbox"/> Delete
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	D DOUDNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, DOUGLAS A 1610 WATERWITCH DR ORLANDO, FL 32806 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Blauknight, James 5209 E. J. Bronson Memorial Hwy St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Owen, Philip 1509 Sunset Lane Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rowe, Alan M 3544 Country Lakes Drive Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Spafford, Sidney 505 Centerburg Lane Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Praggins, SR Michael 1325 Country Club Lakes Circle Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EVP Teebek, Thomas 2721 Spring Lake Circle St. Cloud, FL 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: John W. Martin **2/6/08** **407-872-3889 x310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John W. Martin, SVP/CFO

ATTACHMENT

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 52-2366191		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, M. ALAN 945 S ORANGE AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent 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, 2008 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 ANTIILLES RD. ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
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: _____		Date _____ Daytime Phone # _____	

40020498

02052008 Chg-P CR2E034 (12/06)

CPO/SVP
 Martin, John
 1230 Sharon Place
 Winter Park, FL 32789
 SVP
 Cowherd, Jeffrey B.
 1070 Campbell St.
 Orlando, FL 32806



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ATTACHMENT

40020498
 # P02000033247

Annual Report Online Filing

Document Number P02000033247

Business Entity Name FCB FLORIDA BANCORPORATION, INC.

FEI Number 52 - 2366191

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 945 S ORANGE AVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State ORLANDO, FL

Zip Code & Country 32806

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address 945 S ORANGE AVE

Suite, Apt. #, etc.

City, State ORLANDO, FL

Zip Code & Country 32806

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ROWE, M. ALAN

- OR -

Business to serve as RA

ATTACHMENT

40020498
P02000033247

Street Address In Florida 945 S ORANGE AVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State ORLANDO , FL

Zip Code & Country 32806 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title D/C

Name (Last, First, Middle, Title) ASHER , DONALD , L , JR

- OR -

Entity Name to serve as Officer/Director

Street Address 2221 SANTA ANTILLES RD.

City, State ORLANDO , FL

Zip Code & Country 32801

Name And Address #2

Title D

Name (Last, First, Middle, Title) MCDONALD , PETER , J ,

- OR -

Entity Name to serve as Officer/Director

Street Address 39144 HARBOR HILLS BLVD

City, State LADY LAKE , FL

Zip Code & Country 32159

Name And Address #3

Title D

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#P02000033247

Name (Last, First, Middle, Title) BOWYER, JAMES, W

- OR -

Entity Name to serve as Officer/Director

Street Address 900 LIVE OAK STREET
City, State MAITLAND, FL
Zip Code & Country 32751

Name And Address #4

Title D
Name (Last, First, Middle, Title) CAHILL, STEPHEN, C

- OR -

Entity Name to serve as Officer/Director

Street Address 2667 LAKE SHORE DRIVE
City, State ORLANDO, FL
Zip Code & Country 32803

Name And Address #5

Title D
Name (Last, First, Middle, Title) DOUDNEY, DOUGLAS

- OR -

Entity Name to serve as Officer/Director

Street Address 1443 BUCKWOOD CIRCLE
City, State ORLANDO, FL
Zip Code & Country 32806

Name And Address #6

Title D
Name (Last, First, Middle, Title) HUHN, DOUGLAS, A

- OR -

Entity Name to serve as Officer/Director

Street Address

1610 WATERWITCH DR

40020498
P02000033247

City, State

ORLANDO

, FL

Zip Code & Country

32806

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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