

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/24/2007-90003-033-\$150.00-\$150.00

112

DOCUMENT # P05000144296

1. Entity Name
FLAGSHIP COMMUNITY BANK



FILED

07 MAY 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2472079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Principal Place of Business Mailing Address
4095 TAMPA ROAD 4095 TAMPA ROAD
OLDSMAR, FL 34677 OLDSMAR, FL 34677

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
29750 U.S.Hwy 19 N. 29750 U.S.Hwy. 19 N.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 Suite 100
City & State City & State
Clearwater, FL Clearwater, FL
Zip Country Zip Country
33761 USA 33761 USA

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
Tallahassee FL Zip Code 32308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
Tallahassee FL Zip Code 32308
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, typed or printed name of registered agent and title if applicable (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	☐ Delete		TITLE	D	☐ Change	☒ Addition
NAME	KIMPTON, WILLIAM J			NAME	BRAUN, DEAN W.		
STREET ADDRESS	265 BAYSIDE DR			STREET ADDRESS	5016 WESTSAFIRE DRIVE		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP	NEWPORT RICHEY, FL 34652		
TITLE	D	☐ Delete		TITLE	P/D	☐ Change	☒ Addition
NAME	LAZAR, JEFFREY M			NAME	BURKE, FRANCIS T. II		
STREET ADDRESS	871 RIVER RD			STREET ADDRESS	6496 32ND AVE N.		
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	ST. PETERSBURG, FL 33710		
TITLE	D	☐ Delete		TITLE	D	☐ Change	☒ Addition
NAME	LESSER, MARSHA L			NAME	BURKE, JOSEPH J.		
STREET ADDRESS	2434 KENT PL			STREET ADDRESS	9536 W. HIGHWAY 326		
CITY-ST-ZIP	CLEARWATER, FL 33764			CITY-ST-ZIP	OCALA, FL 34482		
TITLE	D	☐ Delete		TITLE	D	☐ Change	☒ Addition
NAME	WILLENBACHER, MICHAEL A			NAME	GENRING, RICHARD E.		
STREET ADDRESS	6201 GUILFORD DR			STREET ADDRESS	217 ABERDEEN ST.		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE	VS	☐ Delete		TITLE	D	☐ Change	☒ Addition
NAME	JASON, ROBERT A			NAME	HEMMER, FREDERICK A.		
STREET ADDRESS	106 ISLAND WAY APT 137			STREET ADDRESS	11970 7TH STREET EAST		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE	V	☐ Delete		TITLE	V	☐ Change	☒ Addition
NAME	JEFFRIES, STEPHEN M			NAME	EZELL, LOIS		
STREET ADDRESS	3012 CLUBHOUSE DR W			STREET ADDRESS	1329 YOUNG AVE		
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	CLEARWATER, FL 33756		

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 information empowered.

SIGNATURE: [Signature] 4-19-07 (727) 451-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel MAY 15 2007

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/a

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FLAGSHIP COMMUNITY BANK



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4095 TAMPA ROAD
OLDSMAR, FL 34677

Mailing Address

4095 TAMPA ROAD
OLDSMAR, FL 34677

ATTACHMENT

40078692

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

04192007

Chg-P

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(NOTE: Registered Agent signature required when registering)

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Trust Fund Contribution.

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Added to Fees

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMPTON, WILLIAM J 265 BAYSIDE DR CLEARWATER BEACH, FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAZAR, JEFFREY M 871 RIVER RD LABELLE, FL 33935	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESSER, MARSHA L 2434 KENT PL CLEARWATER, FL 33764	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLENBACHER, MICHAEL A 6201 GUILFORD DR NEW PORT RICHEY, FL 34655	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JASON, ROBERT A 106 ISLAND WAY APT 137 CLEARWATER BEACH, FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JEFFRIES, STEPHEN M 3012 CLUBHOUSE DR W CLEARWATER, FL 33761	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WETZEL, MELANIE L. 3112 CRENSHAW CT. NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TODD, HEARLY A. 5401 OAKRIDGE DR. PALM HARBOR, FL 34685	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCALLISTER, EDWARD L. 1380 PONCE DE LEON CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HEWITT, EDITH C. 2412 SANDBAY DR HOLIDAY, FL 34691	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07 (727) 451-2020

Date

Daytime Phone #