

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038814

FILED
Apr 14, 2010
Secretary of State

Entity Name: OLD SOUTHERN BANCORP, INC.

Current Principal Place of Business:

250 N. ORANGE AVENUE
15TH FLOOR
ORLANDO, FL 328011819

New Principal Place of Business:

1855 STATE ROAD 434
SUITE 255
LONGWOOD, FL 32750

Current Mailing Address:

250 N. ORANGE AVENUE
15TH FLOOR
ORLANDO, FL 328011819

New Mailing Address:

1855 STATE ROAD 434
SUITE 255
LONGWOOD, FL 32750

FEI Number: 26-0185452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES PA
2 SOUTH ORANGE AVENUE, 5TH FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SMITH MACKINNON, PA
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801 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 P.

04/14/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: CIPORALLO, MICHAEL
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

Title: D
Name: VESTAL, MICHAEL
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

Title: D
Name: RITENOUR, HEATH
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

Title: DC
Name: RITENOUR, JOHN K
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

Title: S
Name: BEERS, DEBORAH J
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

Title: DPT
Name: EDWARDS, CRAIG R
Address: 1855 STATE ROAD 434 SUITE 255
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: CRAIG R. EDWARDS

D

04/14/2010

Electronic Signature of Signing Officer or Director

Date