


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 003 ***150.00

DOCUMENT # P07000104706

1. Entity Name
JEFFERSON BANK OF FLORIDA



Principal Place of Business Mailing Address

3711 TAMPA ROAD, SUITE 100 **3711 TAMPA ROAD, SUITE 100**
OLDSMAR, FL 34677 **OLDSMAR, FL 34677**


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

40011574



01142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

30-0440889 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
P.O. BOX 6200
TALLAHASSEE, FL 32399

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	D	<input type="checkbox"/> Delete
NAME	BLACKWELL, GARY L	
STREET ADDRESS	5737 WESTSHORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656	
TITLE	D	<input type="checkbox"/> Delete
NAME	COULTER, WAYNE R	
STREET ADDRESS	6500 GREEN ACRES BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTLER, MELVIN S	
STREET ADDRESS	3156 SANDY RIDGE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, STEPHEN H MD	
STREET ADDRESS	2147 CAMDEN WAY	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGIVNEY, ROBERT B	
STREET ADDRESS	125 SANCTUARY DRIVE	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVERI, JOSEPH L	
STREET ADDRESS	109 HARBOR DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. McGivney	
STREET ADDRESS	125 SANCTUARY DRIVE	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James P. Nelson	
STREET ADDRESS	1762 SANCTUARY PLACE	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James P. Nelson **DATE:** 1/21/2008 **DAYTIME PHONE #:** 813-855-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR