


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000100020**  
1. Entity Name  
**FLORIDA BUSINESS BANK**



Principal Place of Business  
**340 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935**

Mailing Address  
**340 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3609400**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000535805  
05/08/06-80067-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BISHOP, DARYL A
STREET ADDRESS	703 DANESBROOK WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	CUNNINGHAM, GARY R
STREET ADDRESS	607 ROCKLEDGEDR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	FRAZEE, CHARLES J
STREET ADDRESS	2860 ROCKY POINT RD
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	D
NAME	FRESE, GARY B JR
STREET ADDRESS	1891 HWY A1A, #303
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	D
NAME	GENONI, JOHN P JR
STREET ADDRESS	PO BOX 41009
CITY-ST-ZIP	MELBOURNE, FL 32941
TITLE	SVP
NAME	BAILEY, THOMAS R
STREET ADDRESS	625 JUBILEE ST
CITY-ST-ZIP	MELBOURNE, FL 32940

**DO NOT WRITE IN THIS SPACE**

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]* **4/21/06** **321-253-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #