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2008 FOR PROFIT CORPORATION ANNUAL REPORT

*FILED 018037
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 26 PM 4:06

DOCUMENT # 018037

1. Entity Name
SURETY BANK

Principal Place of Business	Mailing Address
990 N. WOODLAND BLVD. DELAND, FL 32720 US	PO BOX 819 DELAND, FL 32721-7819

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0580845
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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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	R
NAME	JUSTIN, KAREN J
STREET ADDRESS	1208 WAR ADMIRAL DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	SD
NAME	BALDAUFF, JAMES D
STREET ADDRESS	247 CRANOR AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	CHARLTON, KATHLYN J
STREET ADDRESS	110 SHADY BRANCH TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	C/D
NAME	TAYLOR, R. W.
STREET ADDRESS	800 W. VOORHIS AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	E.VP
NAME	BABCOCK, GARY R
STREET ADDRESS	6217 YOSEMITE DR
CITY-ST-ZIP	PORT ORANGE, FL 321276758
TITLE	D
NAME	JAMES, CRAIG T
STREET ADDRESS	245 E. SHADY BRANCH TRAIL
CITY-ST-ZIP	DELAND, FL 32724

B 2/27/08

D (PLEASE ADD)
JAMES, GREGORY S
3950 ST ROAD 11
DELAND, FL 32724

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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: Karen J. Justin Pres. 1/9/08 (386)734-1647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #