

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018037

Entity Name: SURETY BANK

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

990 N. WOODLAND BLVD.
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 819
DELAND, FL 327217819

New Mailing Address:

FEI Number: 59-0580845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JUSTIN, KAREN J
Address: 1208 WAR ADMIRAL DR
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: BALDAUFF, JAMES D
Address: 247 CRANOR AVENUE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CHARLTON, KATHLYN J
Address: 110 SHADY BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

Title: C/D () Delete
Name: TAYLOR, R. W.,
Address: 800 W. VOORHIS AVE.
City-St-Zip: DELAND, FL 32720

Title: E.VP () Delete
Name: BABCOCK, GARY R
Address: 6217 YOSEMITE DR
City-St-Zip: PORT ORANGE, FL 321276758

Title: D () Delete
Name: JAMES, CRAIG T
Address: 245 E. SHADY BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMES, GREGORY S
Address: 3950 STATE ROAD 11
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN J JUSTIN

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date