
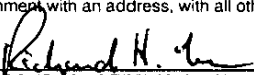


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 015 ***150.00

DOCUMENT # 018277 1. Entity Name CITIZENS BANK OF FLORIDA					
Principal Place of Business 156 GENEVA DR PO BOX 620729 OVIEDO, FL 32762-0729 US			Mailing Address 156 GENEVA DR PO BOX 620729 OVIEDO, FL 32762-0729 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0557762 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLLIFF, PENNIE M 603 N CENTRAL AVE. OVIEDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEE, RICHARD 1055 BRUMLEY RD CHULUOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, RICHARD 1055 BRUMLEY RD CHULUOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**SEE ATTACHED FOR COMPLETE LISTING**	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHEELER, B F JR P O BOX 220 OVIEDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARGO, TERRY 2796 GOLDENROD RD WINTER PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOORE, PAULA 736 INNSBRUCK DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		RICHARD H. LEE		4/10/07 407-365-6611	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40061012
#018277

CITIZENS BANK OF FLORIDA
(COMPLETE LISTING)

OFFICERS

LEE, RICHARD	PRESIDENT/CEO	1055 BRUMLEY RD	CHULUOTA, FL.
DON DRUMMER	EVP/CHIEF FINANCIAL OFF.	169 EASTON CIR.	OVIEDO, FL
VARGO, TERRY	SR VP/CLO	2796 GOLDENROD RD.	WINTER PARK, FL.
MOORE, PAULA	SVP /ADMIN-OPERATIONS/ CASHIER /BSA	736 INNSBRUCK DR.	ORLANDO, FL
AULIN, LIZ	SVP/MARKETING	2389 PENNSYLVANIA AVE.	OVIEDO, FL
TIM SLATTERY	SR V.P./ BUSINESS DEV.	2060 WILLINGHAM	CHULUOTA, FL.
ACKLEY, JOHN	VP/LOAN OFFICER	3443 ALLSTON LANE	WINTER PARK, FL.
HAYES, FRAN	VP/LOAN OFFICER	1613 BOB WHITE TRL.	CHULUOTA FL
REGNER, JOE	BRANCH SALES MGR.	2935 FITZTOOTH DR	WINTER PARK FL
SUSIE PIEPER	VP OPERATIONS/IT	501 LAKE MILLS RD	CHULUOTA FL
TIFFANY BROOME	AVP/OPERATIONS OFFICER	2567 S. COUNTY RD 419	CHULUOTA FL
FUNKE, REBECCA	BRANCH MANAGER	890 FT. CHRISTMAS RD.	CHULUOTA, FL
DEGROAT, PEGGY	ASST. BRANCH MGR.	1871 CURRYVILLE RD.	CHULUOTA, FL.
FRANCINE STUCKY	VP LOAN OPERATIONS SUPER.	451 E. 6TH ST.	CHULUOTA FL
GLORIA DUNMIRE	ADMIN.ASST. SEC.TO BOARD	2430 BLACKBERRY TR	OVIEDO, FL
SOKOLY, JESSICA	AVP BRANCH MANAGER	1330 VAN ARSDALE ST	OVIEDO, FL
OLSON, JESSICA	ASST.BRANCH MANAGER	74 E. MAGNOLIA ST	OVIEDO, FL
HARBURN, JANELL	ASST BRANCH MGR	1295 OAKFORD PL	OVIEDO, FL
HOFFMAN, LYNN	HUMAN RESOURCE OFFICER	14855 YORKSHIRE RUN DR.	ORLANDO, FL
SMITH, DEBBIE	LOAN SERVICING OFFICER	5608 RIVER OAKS DR.	TITUSVILLE, FL
TAYLOR, MARIE	AVP /ACCOUNTING MG	2033 KELLY CREEK CIR	OVIEDO, FL.
SANCHEZ, SANDRA	OFFICER/BOOKKEEPING MG	149 BURNSD PL	OVIEDO, FL
PAGAN, CARMEN	ASST BRANCH MANAGER	5896 PINE GROVE RUN	OVIEDO, FL

DIRECTORS

ONDICK, EDWARD	CHAIRMAN	989 GREENTREE DR.	ORLANDO, FL.
OLLIFF, PENNIE	TRUSTEE		
	VICE CHAIRMAN	603 N. CENTRAL AVE.	OVIEDO, FL.
LUKAS, JONATHAN		100 LAKE MILLS ISLAND PT	CHULUOTA, FL.
CONLEY, JOHNNIE, III		636 S. LAKE JESSUP AVE.	OVIEDO, FL.
BLACKWOOD, BERNARD		381 MAPLE COURT	OVIEDO, FL.
		P.O. BOX 620852	
RICHARD H. LEE	PRESIDENT	1055 BRUMLEY ROAD	CHULUOTA, FL.
	TRUSTEE		
ARTHUR EVANS		P.O. BOX 620460	OVIEDO, FL.
		P.O. BOX 620535	
ROBERT G. MARTIN		395 OLD MIMS ROAD	GENEVA, FL.
LOUIS P. TULP		4000 CURRYVILLE ROAD	CHULUOTA, FL
		P. O. BOX 621024	OVIEDO, FL.
DONALD JACOBS	TRUSTEE	2440 CURRYVILLE ROAD	CHULUOTA, FL.