

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90037 010 \*\*\*150.00

**DOCUMENT # F01000004048**

1. Entity Name  
**BANK OF ST. PETERSBURG HOLDINGS, INC.**



Principal Place of Business  
**206 PLAZA CENTRE BUILDING  
3505 SILVERSIDE ROAD  
WILMINGTON, DE 19810**

Mailing Address  
**206 PLAZA CENTRE BUILDING  
3505 SILVERSIDE ROAD  
WILMINGTON, DE 19810**

24008741



2. Principal Place of Business  
**100 North Tampa Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 3675**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

Zip  
**33602**

Country  
**USA**

Zip

Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0411382**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**CD  
ROTHMAN, ROBERT  
100 NORTH TAMPA STREET, SUITE 3675  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RD  
HENLEY, L. GREGORY  
100 NORTH TAMPA STREET, SUITE 3675  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Caballero, Joseph L.  
100 North Tampa Street, Suite 3675  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
VOSS, DEANNA  
3505 SILVERSIDE RD., 206 PLAZA CENTRE BLDG  
WILMINGTON, DE 19810**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VE  
HARRELL, JOHN L JR  
3665 34TH ST  
SAINT PETERSBURG, FL 33713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFOT  
Harrell, John L., Jr.  
100 North Tampa Street, Suite 3675  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BUCHANAN, KIM P  
100 NORTH TAMPA STREET, SUITE 3675  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VGB  
Gonzalez, Anthony F  
100 North Tampa Street, Suite 3675  
TAMPA, FL 33602**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Deanna Voss**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/04**  
Date

**302-479-4652**  
Daytime Phone #