

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2007 90209 021 ***150.00
F06000004791

FILED

07 MAY -3 PM 3:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000004791

1. Entity Name
NETBANK, INC.



Principal Place of Business
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005

Mailing Address
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4901 Belfort Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 160

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32256

Duval

04182007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-2224352

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

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 fee is applicable (NOTE: Registered Agent signature required when name is changed)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP
CP
FREEMAN, DOUGLAS K
7215 FINANCIAL WAY
JACKSONVILLE, FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
Steven F. Herbert
9710 Two Notch Road
Columbia, SC 29223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
FREEMAN, DOUGLAS K
7215 FINANCIAL WAY
JACKSONVILLE, FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
James P. Gross
9710 Two Notch Road
Columbia, SC 29223 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SMITH, III, JOEL A
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CABLE, STUART M
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CFE
BURDSALL, RUSSELL
7215 FINANCIAL WAY
JACKSONVILLE, FL 32256 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
MAPSON, CHARLES E
7215 FINANCIAL WAY
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
Charles E. Mapson
4901 Belfort Road, Suite 160
Jacksonville, FL 32256 ☒ Change ☐ 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:

Charles E. Mapson

4-27-07

904-251-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Decline Phone #