## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H56028

MARCUS, MICHAEL

28801 SW 157TH AVENUE

HOMESTEAD, FL 33031

Name:

Address:

City-St-Zip:

COMMUNITY BANK OF FLORIDA INC

FILED Mar 14, 2007 Secretary of State

Entity Name: COMMUNITY BANK OF FLORIDA, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
28801 S.W. 157TH AVENUE HOMESTEAD, FL 330332437				
Current Mailing Address:			New Mailing Address:	
28801 S.W. 157TH AVENUE HOMESTEAD, FL 330332437				
FEI Number:	59-1474050	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVC (X) CASE, GERALE 14925 S.W. 23: GOULDS, FL	*	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	PD () EPLING, ROBE 14800 SW 238 HOMESTEAD, I	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () BOGGS, COLLI 16300 SW 1841 MIAMI, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	D ()	Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L EPLING PD 03/14/2007