

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63495

Entity Name: BANK OF ST. PETERSBURG

FILED  
Jan 26, 2007  
Secretary of State

## Current Principal Place of Business:

ONE TAMPA CITY CENTER, SUITE 100  
201 NORTH FRANKLIN STREET  
TAMPA, FL 336022031

## New Principal Place of Business:

## Current Mailing Address:

ONE TAMPA CITY CENTER, SUITE 100  
201 NORTH FRANKLIN STREET  
TAMPA, FL 336022031

## New Mailing Address:

FEI Number: 59-2331908      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCHANAN, KIM P  
BANK OF ST PETERSBURG  
201 N FRANKLIN ST, SUITE 100  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: GONZALEZ, ANTHONY F  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

Title: VCD ( ) Delete  
Name: ROTHMAN, ROBERT  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

Title: PCEO ( ) Delete  
Name: CABALLERO, JOSEPH L  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

Title: VCFO ( ) Delete  
Name: HARRELL, JOHN L JR  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

Title: COOV ( ) Delete  
Name: PEMBLE, KATHRYN B  
Address: 500 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: SVS ( ) Delete  
Name: READ, CEIL L  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

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

Title: S (X) Change ( ) Addition  
Name: BUCHANAN, KIM P  
Address: ONE TAMPA CITY CENTER, SUITE 100  
City-St-Zip: TAMPA, FL 336022031

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.

SIGNATURE: KIM P. BUCHANAN

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01/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date