2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90017 024 ***150.00

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1. Entity Name
PENINSULA BANK

Principal Place of Business	Mailing Address
3100 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224	3100 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2525958 ☐ 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
RUBIN, SHARON R 4681 HAMMOCK CIRCLE DELRAY BEACH, FL 33445	Name RUBIN, SHARON R. Street Address (P.O. Box Number is Not Acceptable) 4920 WEST ATLANTIC BLVD City DELRAY BEACH FL Zip Code 33445

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	EVCO, RUBIN, SHARON R 4920 WEST ATLANTIC AVE. DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCO RUBIN, SHARON R 4920 WEST ATLANTIC BLVD DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PORTNOY, SIMON 4920 W ATLANTIC BLVD DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO PORTNOY, SIMON 4920 WEST ATLANTIC BLVD DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLOM, PAUL T 3320 BOURBON ST. ENGLEWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLOM, PAUL T 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORICCO, CARLO J 3005 CARING WAY PT CHARLOTT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORICCO, CARLO J 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERENTILL, LUIS H 2885 N TAMIAMI TRAIL PT CHARLOTTE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/EVP GRANICZ, ROBERT T 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOLANO, RICARDO 3100 MCCALL RD. ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D SOLANO, RICARDO 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	☒ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #