

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J84811

1. Entity Name
VALRICO STATE BANK



Principal Place of Business
**1815 EAST STATE ROAD 60
VALRICO, FL 33594-3623**

Mailing Address
**1815 EAST STATE ROAD 60
VALRICO, FL 33594-3623**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2877722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALL, JERRY L
STREET ADDRESS	1803 DANA COURT
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	HENDERSON, GREGORY L.
STREET ADDRESS	2901 BRUCKEN ROAD
CITY-ST-ZIP	VALRICO, FL
TITLE	D
NAME	JENNINGS, CHARLES E., JR
STREET ADDRESS	U.S. HIGHWAY 92
CITY-ST-ZIP	DOVER, FL
TITLE	D
NAME	MCLEAN, JOHN E., III
STREET ADDRESS	717 NORTH VALRICO RD
CITY-ST-ZIP	VALRICO, FL
TITLE	D
NAME	NORIEGA, JUSTO
STREET ADDRESS	EAST STATE ROAD 60
CITY-ST-ZIP	VALRICO, FL
TITLE	D
NAME	GEE, DAVID A
STREET ADDRESS	6010 KESTRAL POINT AVE.
CITY-ST-ZIP	LITHIA, FL 33547

U00000533834
05/06/06-80138-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered

SIGNATURE: _____ **4-20-06** **813-684-1231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #