


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # J84811 1. Entity Name VALRICO STATE BANK |  |
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|--|--|
| Principal Place of Business 1815 EAST STATE ROAD 60 VALRICO, FL 33594-3623 | Mailing Address 1815 EAST STATE ROAD 60 VALRICO, FL 33594-3623 |
|--|--|

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2877722 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

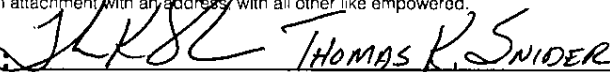
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000911869
05/07/08-80058-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALL, JERRY L 1803 DANA COURT BRANDON, FL 33510 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDERSON, GREGORY L. 2901 BRUCKEN ROAD VALRICO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENNINGS, CHARLES E., JR U.S. HIGHWAY 92 DOVER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLEAN, JOHN E., III 717 NORTH VALRICO RD VALRICO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEE, DAVID A 6010 KESTRAL POINT AVE. LITHIA, FL 33547 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 (813) 689-1231
Date Daytime Phone #