

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94726

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST COMMERCIAL BANK OF TAMPA BAY

Current Principal Place of Business:

4600 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4600 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2907488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, WILLIAM M
4600 W. KENNEDY BLVD
TAMPA, FL 33609 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: D () Delete
Name: SALEM, ALBERT M
Address: PO BOX 320062
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: FISCHER, JIMMY C
Address: 408 BRIARCLIFF DR.
City-St-Zip: TEMPLE TERRACE, FL

Title: D () Delete
Name: MCCLAIN, JOSEPH A III
Address: 10106 HAMPTON PL
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: FLEMING, WILLIAM M
Address: 3813 KENSINGTON AVE
City-St-Zip: TAMPA, FL 33629

Title: CDP () Delete
Name: SALEM, ALBERT M JR
Address: 824 BAYSIDE DR.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: FLOOD, PHILIP G
Address: 2302 S. OCCIDENT
City-St-Zip: TAMPA, FL

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM M FLEMING SVP/CFO

V

04/30/2008

Electronic Signature of Signing Officer or Director

Date