

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90009 018 \*\*\*150.00

**DOCUMENT # K28295**

1. Entity Name  
**PINNACLE FINANCIAL CORPORATION**



Principal Place of Business  
**2611 TECHNOLOGY DRIVE  
ORLANDO, FL 32804 US**

Mailing Address  
**POB 608066  
ORLANDO, FL 32860-8066 US**

**40028705**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2898269**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**F&L CORP.  
ONE INDEPENDENT DR  
STE 1300  
JACKSONVILLE, FL 32202-5017**

**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

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

(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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VRATANINA, JEFFREY J  
1005 LONGLEY COVE  
HEATHROW, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
LONG, DOUGLAS F  
12540 PARK AVE  
WINDERMERE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LONG, BRENDA  
12540 PARK AVE  
WINDERMERE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VRATANINA, LISA M  
1005 LONGLEY COVE  
HEATHROW, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
EMERSON-CAMPBELL, KATE  
7135 WRENWOOD WAY  
WINTER PARK, FL 32792**

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

**Douglas F. Long 2/19/08 407-578-2000**

Date

Daytime Phone #