

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026202

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: SUNSHINE STATE COMMUNITY BANK

## Current Principal Place of Business:

4777 CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129

## New Principal Place of Business:

## Current Mailing Address:

4777 CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

BRINN, DENNIS E CEO  
4777 CLYDE MORRIS BLVD  
PORT ORANGE, FL 32127 US

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: DENNIS E. BRINN

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: BRINN, DENNIS E  
Address: 3 TOMOKA VIEW DR  
City-St-Zip: ORMOND BEACH, FL

Title: O ( ) Delete  
Name: RODDY, EDMUND J  
Address: 3575 MARIBELLA DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: C ( ) Delete  
Name: GEORGE C SCOTT,  
Address: 3018 S. PENNISULA DR  
City-St-Zip: DAYTONA BEACH, FL 32127

Title: D ( ) Delete  
Name: ALAN R. CROUCH,  
Address: 3792 EMILIA DR  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete  
Name: ROBERT KIT KOREY,  
Address: 2054 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: KENNETH L STAUDT DDS,  
Address: 944 BRIDGEWATER DR # 2B  
City-St-Zip: PORT ORANGE, FL 32119

## 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  
Name:  
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: EDMUND J. RODDY

O

02/07/2008

Electronic Signature of Signing Officer or Director

Date