

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028031

Entity Name: FCB FINANCIAL, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

4600 W. KENNEDY BLVD.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4600 W. KENNEDY BLVD.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3633269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASON, ROBERT A
CHIEF OF OPERATIONS
4600 W. KENNEDY BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

FLEMING, WILLIAM M JR
4600 W KENNEDY BLVD
TAMPA, FL 33609 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: WILLIAM M FLEMING JR

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALEM, ALBERT M JR
Address: 4600 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: SALEM, ALBERT M III
Address: 4600 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: TCFO () Delete
Name: FISCHER, JIMMY C
Address: 408 BRIAR CLIFF DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: FARRIS, JOSEPH J JR
Address: 2509 N. LUMINA
City-St-Zip: WRIGHTSVILLE VEACH, NC

Title: D () Delete
Name: MCCLAIN, JOSEPH A III
Address: 10106 HAMPTON PL.
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: FLOOD, PHILIP G
Address: 2302 S. OCCIDENT ST.
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: DCFO (X) Change () Addition
Name: FISCHER, JIMMY C
Address: 408 BRIAR CLIFF DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

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 for the exemption stated in Section 119.07(3)(i), 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: JIMMY C FISCHER

DCFO

06/29/2005

Electronic Signature of Signing Officer or Director

Date