


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000028031 1. Entity Name FCB FINANCIAL, INC.	
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Principal Place of Business 4600 W. KENNEDY BLVD. TAMPA, FL 33609	Mailing Address 4600 W. KENNEDY BLVD. TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3633269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLEMING, WILLIAM M JR 4600 W KENNEDY BLVD TAMPA, FL 33609
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**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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000648953 03/07/07-80030-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALEM, ALBERT M JR 4600 W. KENNEDY BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, ALBERT M III 4600 W. KENNEDY BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO FISCHER, JIMMY C 408 BRIAR CLIFF DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, JOSEPH J JR 2509 N. LUMINA WRIGHTSVILLE VEACH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, JOSEPH A III 10106 HAMPTON PL. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, PHILIP G 2302 S. OCCIDENT ST. TAMPA, FL

**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: Jimmy C Fischer, CPA 2/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #