

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000028031

1. Entity Name
FCB FINANCIAL, INC.



Principal Place of Business
4600 W. KENNEDY BLVD.
TAMPA, FL 33609

Mailing Address
4600 W. KENNEDY BLVD.
TAMPA, FL 33609



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3633269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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	PD
NAME	SALEM, ALBERT M JR
STREET ADDRESS	4600 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	SALEM, ALBERT M III
STREET ADDRESS	4600 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DCFO
NAME	FISCHER, JIMMY C
STREET ADDRESS	408 BRIAR CLIFF DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	FARRIS, JOSEPH J JR
STREET ADDRESS	2509 N. LUMINA
CITY-ST-ZIP	WRIGHTSVILLE VEACH, NC
TITLE	D
NAME	MCCLAIN, JOSEPH A III
STREET ADDRESS	10106 HAMPTON PL.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	FLOOD, PHILIP G
STREET ADDRESS	2302 S. OCCIDENT ST.
CITY-ST-ZIP	TAMPA, FL

U000000808200
02/07/08-80040-004 150.00

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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

Jimmy C Fischer, CPA, CFO
JIMMY C FISCHER, CPA, CFO

1/21/08

Date

813 872 7961

Daytime Phone #