

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028520

1. Entity Name

BUSEY FINANCIAL SERVICES, INC.



Principal Place of Business

1490 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

Mailing Address

1490 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

07 OCT 17 PM 2:45

STATE  
TALLAHASSEE, FLORIDA



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0991985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SCHARLAU, ROBERT C  
1490-TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

**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

7/18/07

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHARLAU, ROBERT C  
STREET ADDRESS 1490 TAMiami TRAIL  
CITY-STATE-ZIP PORT CHARLOTTE, FL 33948

TITLE D  
NAME GEML, MICHAEL P  
STREET ADDRESS 1490 TAMiami TRAIL  
CITY-STATE-ZIP PORT CHARLOTTE, FL 33948

TITLE D  
NAME FLAGEL, GERALD P  
STREET ADDRESS 1490 TAMiami TRAIL  
CITY-STATE-ZIP PORT CHARLOTTE, FL 33948

TITLE O  
NAME BROWN, STEPHEN G  
STREET ADDRESS 1490 TAMiami TRAIL  
CITY-STATE-ZIP PORT CHARLOTTE, FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

800109845348  
09/24/07--01061--008 \*\*150.00  
800109845348  
10/17/07--01006--030 \*\*600.00

**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT**

2007

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

7/18/07

Date

239-790-8000

Daytime Phone #