## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000087444

Entity Name: FPB BANCORP, INC.

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1301 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952						
Current Mailing Address:			New Maili	New Mailing Address:		
1792 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957						
FEI Number: 65-1147861 FEI Number Applied For ( ) FEI Num			lumber Not Appl	licable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SKILES, DAVID W 1301 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952 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:						
		Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D SKILES, DAVID W 1301 SE PORT S' PORT ST. LUCIE,	T LUCIE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DVC () D BAKER, JOHN 1768 CORAL WA VERO BEACH, FL	Y NORTH	Title: Name: Address: City-St-Zip:	DVC (X) Change ( ) Addition ZINTER, PAUL A 2882 SE FARLEY RD PORT ST. LUCIE, FL 34952		
Title: Name: Address: City-St-Zip:	DC () D BERGER, GARY A 111 ORANGE AVI FT. PIERCE, FL	A E.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D CUOZZO, DONAL 735 COLORADO STUART, FL 349	.D J AVE., STE. 1	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () D CUOZZO, DONAL 289 SW HARBOR PALM CITY, FL 3	R VIEW DR	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition DECKER, ANN L 355 NE ELM TERR JENSEN BEACH, FL 34957		
Title: Name: Address: City-St-Zip:	D () D MIRET, PAUL J 7950 POPPY HILI PORT ST. LUCIE,		Title: Name: Address: City-St-Zip:	() Change () Addition		

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: NANCY E. AUMACK SVP 04/04/2008