2004 FOR PROFIT CORPORATION ANNUAL REPORT

02-18-2004 90027 031 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24012370

DOCUMENT # P02000130234

1. Entity Name
FLORIDIAN COMMUNITY BANK, INC.

Principal Place of Business	Mailing Address
5599 S UNIVERSITY DR DAVIE,	5599 S UNIVERSITY DR DAVIE,

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107498

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Douglas E. Cutchens
5599 S. University Dr
Davie, Fl 33328

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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 _____ DATE
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUTCHENS, DOUGLAS
STREET ADDRESS	1150 SOUTHLAKE DR
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	FERNANDEZ, MIKE
STREET ADDRESS	2515 MONTCLAIR CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	GEISERMAN, ROBERT
STREET ADDRESS	5599 S. UNIVERSITY DR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	GOODMAN, PARRY
STREET ADDRESS	5905 LUCKIE ROAD
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	KORNAHRENS, ROBERT
STREET ADDRESS	4000 NE 31ST AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	LEGGET, JEFFREY
STREET ADDRESS	9050 NW 68TH CT
CITY-ST-ZIP	PARKLAND, FL 33067

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2/20

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 2-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #