


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90043 044 \*\*\*150.00

<b>DOCUMENT # P02000131773</b>	
1. Entity Name <b>THE PALM BANK</b>	

Principal Place of Business <b>612 S DALE MABRY HWY TAMPA, FL 33609</b>	Mailing Address <b>612 S DALE MABRY HWY TAMPA, FL 33609</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

40016381



01222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>04-3730999</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, MICHAEL C 1213 S DRUID LANE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, ALBERT C 2625 NORTH DUNDEE AVE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RON K 550 N REO ST, STE 300 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CODY F 110 N 11TH ST TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELY, BRUCE R 2609 N DUNDEE ST TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HOULLIS, VICKIE 6106 CHALON CRT LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Vickie Houllis (Vickie Houllis) 1-22-07 813 874-1474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40016381

ATTACHMENT TO DOCUMENT #P02000131773

**THE PALM BANK**

**D**

Haines, William L.  
120 Fifth Ave., 11th Floor  
New York, NY 10028

**D/C**

Langford, Eugene C.  
1715 W. Cleveland St.  
Tampa, FL 33606

**AVP (Change Address)**

Vreeland, Donna  
19029 Chislehurst Dr.  
Land O Lakes, Florida 34638

**D**

May, Michael A.  
4929 S. Melrose Ave.  
Tampa, FL 33629

**D**

Sadlowski, Ronald W.  
5115 Longfellow Ave.  
Tampa, FL 33629

**D**

Williams, K.C.  
1560 W. Cleveland St.  
Tampa, FL 33606

**Office Manager**

Barrioneuvo, Debra  
1519 Barr Dr.  
Tampa, FL 33603

**Residential Loan Officer**

Brewer, Elizabeth  
2807 Norwood Hills Lane  
Valrico, FL 33594

**VP**

Calles, Ruben  
23340 Abercom Lane  
Land O'Lakes, FL 34639

**VP**

Clendenin, Lawrence  
1447 51st Avenue NE  
St. Petersburg, FL 33703

**SVP**

Contat, Andria  
314 Craft Road  
Brandon, FL 33511

**VP**

Culm, Ronald  
2711 Woodview Court  
Clearwater, FL 33761

**AVP (Change Title)**

DelVecchio, Kelly  
4397 Rutledge Dr.  
Palm Harbor, FL 34685

**S**

Doling, Linda  
3618 W. Tampa Cir.  
Tampa, FL 33629

**Office Manager (Change Address)**

Gaskill, Patricia  
805 Island Walk Drive  
Tampa, FL 33606

**AVP**

Green, Brian  
10080 11th Street N #106  
St. Petersburg, Florida 33716

**SVP**

Holley, William B.  
1017 Toski Drive  
New Port Richey, Florida 34655

**SVP**

Lopez, Mark  
4805 W. Leona Street  
Tampa, Florida 33629

**Office Manager (Change DELETE)**

Peel, Donna  
1411 W. Hamilton Ave.  
Tampa, FL 33604

**VP (Change Address)**

Pepper, Nancy  
502 S. Fremont Ave Apt. 724  
Tampa, FL 33606

**AVP (Change Address)**

Trobaugh, Lori  
801 S. Woodlyn Dr  
Tampa, Florida 33609

**Director of Marketing**

Wagner, Shari  
3301 Bayshore Blvd. #1901  
Tampa, Florida 33629

**SVP**

Thompson, Ruth  
3151 Landmark Drive, #121  
Clearwater, Florida 33761