2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131773

Entity Name: THE PALM BANK

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2302 S MACDILL AVE TAMPA, FL 33629	
Current Mailing Address:	New Mailing Address:

PO BOX 10809 TAMPA, FL 33679

FEI Number: 04-3730999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

TAMPA, FL 33602

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ATKINS, MICHAEL C LANGFORD, EUGENE C Name: Name: 1213 S DRUID LANE 1715 W CLEVELAND ST Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33606 Title: DΡ Title: () Change () Addition () Delete ANDERSON, ALBERT C Name: Name: 2625 NORTH DUNDEE AVE Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip: Title: Title: () Delete SVP (X) Change () Addition BAILEY, RON K Name: CONTAT, ANDRIA Name: 550 N REO ST, STE 300 314 CRAFT RD Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: SVP (X) Change () Addition DAVIS, CODY F PEPPER, NANCY Name: Name: Address: 110 N 11TH ST Address: 502 S FREMONT AVE APT 724

Title: (X) Delete Title: () Change () Addition

ELY, BRUCE R Name: Name: Address: 2609 N DUNDEE ST Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: SVP (X) Delete Title: () Change () Addition

HOULLIS, VICKIE Name: Name: 6106 CHALON CRT Address: Address: City-St-Zip: LUTZ. FL 33558 City-St-Zip:

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.

City-St-Zip:

TAMPA, FL 33606

SIGNATURE: ANDRIA CONTAT SVP 04/28/2009