## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P02000134612  1. Entity Name SUNCOAST BANK						04-29-2005 90203 001 ***150.00					
Principal Place of Business  8592 POTTER PARK DR, STE 200 SARASOTA, FL 34238 US  Mailing Address  8592 POTTER PARK DR, STE SARASOTA, FL 34238 US					116011601111		11 41 <b>2 5 6</b> 11111 <b>3 1 5 1 1</b>	<b>1 8</b> /14)    <b>1</b>      1	IIEEI IR (EEI		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	4 (10/03)			
City & State		City & State	City & State			1044		$\rightarrow$	pplied For ot Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent			
				Name							
,			Street Address (P.O. Box Number is Not Acceptable)								
				City			FL	Zip Cod	<del></del>		
8. The above	named entity submits this statement for	the purpose of changing ite	register	ad office or rec	ictored agent or bet	h in the State of Ele		Milios veith	and accord		
the obligat	tions of registered agent.  Signature, typed or printed name of registered agent	and title ( applicable. (NCT	E: Registere	d Agent signature re	quired when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont		ncing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	-	ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTOR:	S IN 11		
TITLE	PD	☐ Delete	TITLE	] ]	D			Change	🔀 Addition		
NAME	STAFFORD, JOHN T PD		NAMI		Black, Heni						
STREET ADDRESS	8592 POTTER PARK DRIVE STI	E 200		ET ADDRESS	2561 Fairwa	ay Woods					
CITY-ST-ZIP	SARASOTA, FL 34238		CHY		Sarasota, l	I. 34238					
TITLE	ONE DE MULLIAMENO	☐ Delete	TITLE		D		[	Change	Addition		
NAME STREET ADDRESS	GNERRE, WILLIAM F VD 511 WEST LAKE DRIVE		NAMI		Rutledge Ja						
CITY-ST-ZIP	SARASOTA, FL 34232			-ST-ZIP	711 Mangrov Sarasota, I	re Pt.Rd.					
TITLE	v	☐ Delete	TETLE		Darasota, i	1 34242	Γ	7 Change	2 Addition		
NAME	WILKS, JOHN S V	L Delete	NAM	·   •	Williams, S	Stanley	L		(Z) AUGIGION		
STREET ADDRESS	416 PARK TRACE BLVD		STRE		1735 Landir						
CITY-ST-ZIP	OSPREY, FL 34229		CITY		Sarasota. I						
TITLE	DC .	☐ Delete	TITLE		D			Change	X Addition		
NAME	FOXWORTHY, H R		NAMI		Yahraus, Ro 4057 Re <b>d</b> bii	У					
STREET ADDRESS	7200 CHAMELEON WAY										
CITY-ST-ZIP	SARASOTA, FL 34241		CIIY		Sarasota, I	L 34231					
TITLE NAME	D BERBERICH, LARRY	☐ Defete	TITLE	'	D ,			Change	Addition		
STREET ADDRESS	3900 LOSILLIAS DRIVE		NAM		Cox, Jack						
CITY-ST-ZIP	SARASOTA, FL 34238				6442 Holywo Sarasota, I	ood Blvd. L 34234					
TITLE	D	☐ Delete	TITLE		)		r	Change	3 Addition		
NAME	MCDONOUGH, DONALD F		NAME	_	Larry Geime	ar	L	Criange	LZL Fluidouti		
STREET ADDRESS	325 RINGLING POINTE DR		STRE	ET ADDRESS (	3520 Woodba	iar Dr.					
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-		Sarasota, I						

2. 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.

SI	GN	ATI	<b>JRI</b>	Ε:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

941-923-050

## ATTACHWENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

r		ANNUA		PORT				,				
DOCUMENT # P02000134612  1. Entity Name SUNCOAST BANK							16	0070	916			
Principal Place of Business Mailing Address				1		$\mathcal{H}$	<i>U   U</i>	LA	0			
8592 POTTER PARK DR, STE 200		8592	8592 POTTER PARK DR, STE 200 SARASOTA, FL 34238 US				V		,			
Principal Place of Business     Address     Mailing Address				-								
Suite, Apt. #, etc. Suite, Ap			te, Apt. #, etc.			04252005	Chg-P	CR2E0	34 (10/03)			
City & State City & State			& State				4. FEI Numb	-			oplied For ot Applicable	
Zip	Country Zip Coun		Coun	itry		5. Certificate	e of Status Desired		\$8.75 Add Fee Require			
	6. Name a	nd Address of Curren	t Registere	ed Agent		Name		7. Name and	d Address of New	Registered A	Agent	
					Street Address (P.O. Box Number is Not Acceptable)							
1												
						City				FL	-	
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 ager	nt and litle if app	olicable. (NOT	E: Registere	d Agent signature	e required	when reinstating)		DATE		
	FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.		OFFICERS AND	D DIRECTO	RS	11.	<u> </u>		ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PD			☐ Delete	TITLE		D		•		☐ Change	Addition     Addition
NAME STREET ADDRESS CITY-ST-ZIP	S 8592 POTTER PARK DRIVE STE 200 STR					et address -st-zip	708	gart, Ga 3-9th St denton	W	5		
TITLE	—		TITLE		DLa	i <del>denton,</del>	<u> </u>	د	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAMI	i								
CITY-ST-ZIP				ET ADDRESS - ST - ZIP								
TITLE	_ 55.0.0			TITLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STRE	et address -ST-ZIP								
TITLE			TITLE					,, <u>, , , , , , , , , , , , , , , , , ,</u>	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAM	-								
CITY-ST-ZIP	SARASOTA					ET ADDRESS -ST-ZIP						
TITLE	D	H LADBY		☐ Delete	TITLE	1			·-·-		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BERBERICI 3900 LOSIL SARASOTA	LIAS DRIVE				ET ADDRESS - ST-ZIP						
TITLE	D			☐ Defete	TITLE		•••				☐ Change	☐ Addition
name Street address ( City-St-Zip	325 RINGLING POINTE DR STR					et address -st-zip						
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.												
SIGNAT	URE:	SIGNATUBE AND TYPED OR	PRINTED NAT	JE OF SIGNING OFFICE?	OB DIDECT	OR		4-2	8-85	99	11-523	-0500
		S.M. OF AND ITTED ON	RAN	STORMED OFFICER					Date	U	ayuma miona #	1