# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2008**
**Secretary of State**

DOCUMENT# P03000086186

**Entity Name:** MAINSTREET COMMUNITY BANK OF FLORIDA

**Current Principal Place of Business:**

204 S. WOODLAND BLVD.
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

204 S. WOODLAND BLVD.
DELAND, FL 32720

**New Mailing Address:**

**FEI Number: 20-0235207** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOT REQUIRED
N/A
N/A, FL US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BAUMGARTNER, ROGER B
Address: 2300 PIN OAK DR
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: BOOMS, JOHN R
Address: 1031 N COLLON DR
City-St-Zip: BAD AXE, MI 48413

Title: D ( ) Delete
Name: DEMARSH, W. FRANK
Address: 2209 OAK HILL DR
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: FELTON, GEOF
Address: 129 LAKE CHARLES RD
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: FLOWERS, W. BEN JR
Address: 1800 MERCERS HAMMOCK CT
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: FORD, F.A. (ALEX) F JR
Address: 732 W HIGHLAND AVE
City-St-Zip: DELAND, FL 32730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: STEPHANIE KOSHIOL SVP 02/22/2008

Electronic Signature of Signing Officer or Director Date