## 2006 FOR PROFIT CORPORATION

## Mar 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000028896 03-28-2006 90131 013 \*\*\*150.00 PARTNERS FINANCIAL CORPORATION Principal Place of Business Mailing Address 50006314 1575 PINE RIDGE RD P.O. BOX 8426 MISSION SQ. #15 NAPLES, FL 34101 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1566911 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALVATOR & WOOD, P.L. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL N. STE 330 NAPLES, FL 34103 City 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME WOLF, JACK NAME STREET ADDRESS 656 17TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WHITE, DAVID NAME STREET ADDRESS 1936 COCOPLUM WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATT, STEVEN NAME STREET ADDRESS 17066 PORTA VECCHIO WAY #202 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SABATINI, FRANK C NAME NAME STREET ADDRESS 2423 S.E. 37TH STREET STREET ADDRESS CITY-ST-ZIP TOPEKA, KS 66605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAAD, SAM JUR NAME NAME STREET ADDRESS 1915 COCOPLUM WAY STREET ADDRESS CITY-ST-7IP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME HUBER, DAVID

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.

NAME

STREET ADDRESS

CITY-ST-2IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1932 COCOPLUM WAY

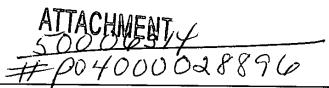
NAPLES, FL 34105

STREET ADDRESS

CITY-ST-7IP

**FILED** 

Daytime Phone #



| PARTNERS BANK  |                           |                |                          |
|----------------|---------------------------|----------------|--------------------------|
| 10             |                           |                |                          |
| TITLE          | D                         | TITLE          | D, V/C                   |
| NAME           | BOUGHTON, JAMES           | NAME           | HOEY, JOHN               |
| STREET ADDRESS | 760 CLARENDON CT          | STREET ADDRESS | 1079 BALD EAGLE DR PH1   |
| CITY-ST-ZIP    | NAPLES, FL 34109          | CITY-ST-ZIP    | MARCO ISLAND, FL 34145   |
| TITLE          | D                         | TITLE          | P/D                      |
| NAME ·         | BUSHMAN, JERRY            | NAME           | WEAVER, JAMES            |
| STREET ADDRESS | 12086 COLLIERS RESERVE DR | STREET ADDRESS |                          |
| CITY-ST-ZIP    | NAPLES, FL 34110          | CITY-ST-ZIP    | NAPLES, FL 34105         |
|                |                           |                |                          |
| TITLE          | D                         | TITLE          | EVP/CLO                  |
| NAME           | CRIFASI, JACK             | NAME           | YORK, DONALD             |
| STREET ADDRESS | 3199 60TH ST NW           | STREET ADDRESS | 45 GLEN MEADOW LANE      |
| CITY-ST-ZIP    | NAPLES, FL 34116          | CITY-ST-ZIP    | NAPLES, FL 34105         |
| TITLE          | D                         | TITLE          | SVP/CFO                  |
| NAME           | CROSSMAN, HOWARD          | NAME           | DEBILIO, CHARLES         |
| STREET ADDRESS | 1658 CHINABERRY CT        | STREET ADDRESS | 3492 ISLAND WALK CIRCLE  |
| CITY-ST-ZIP    | NAPLES, FL 34105          | CITY-ST-ZIP    | NAPLES, FL 34119         |
|                |                           |                |                          |
| TITLE          | D                         | TITLE          | SVP/COO                  |
| NAME           | DEANGELIS, JOHN           | NAME           | RUSSELL, JETTA           |
| STREET ADDRESS | 2316 HARRIER RUN          | STREET ADDRESS | 23785 CLEAR SPRINGS CT   |
| CITY-ST-ZIP    | NAPLES, FL 34105          | CITY-ST-ZIP    | BONITA SPRINGS, FL 34135 |
| TITLE          | D                         | TITLE          | VP                       |
| NAME           | HAMRA, SAM                | NAME           | BARTLETT, SUSANNE        |
| STREET ADDRESS | 622 WILDWOOD              | STREET ADDRESS | 373 THIRD AVE            |
| CITY-ST-ZIP    | NAPLES, FL 34105          | CITY-ST-ZIP    | MARCO ISLAND, FL 34145   |