


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90131 013 \*\*\*150.00

**DOCUMENT # P04000028896**

1. Entity Name  
**PARTNERS FINANCIAL CORPORATION**



Principal Place of Business  
**1575 PINE RIDGE RD  
 MISSION SQ. #15  
 NAPLES, FL 34109**

Mailing Address  
**P.O. BOX 8426  
 NAPLES, FL 34101**

**50006314**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03022006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1566911**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SALVATOR & WOOD, P.L.  
 4001 TAMiami TRAIL N. STE 330  
 NAPLES, FL 34103**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	WOLF, JACK	
STREET ADDRESS	656 17TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DAVID	
STREET ADDRESS	1936 COCOPLUM WAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATT, STEVEN	
STREET ADDRESS	17066 PORTA VECCHIO WAY #202	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABATINI, FRANK C	
STREET ADDRESS	2423 S.E. 37TH STREET	
CITY-ST-ZIP	TOPEKA, KS 66605	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAAD, SAM J JR	
STREET ADDRESS	1915 COCOPLUM WAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, DAVID	
STREET ADDRESS	1932 COCOPLUM WAY	
CITY-ST-ZIP	NAPLES, FL 34105	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **3/23/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
~~50000314~~  
 #P04000028896

**PARTNERS BANK**

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TITLE D  
 NAME BOUGHTON, JAMES  
 STREET ADDRESS 760 CLARENDON CT  
 CITY-ST-ZIP NAPLES, FL 34109

TITLE D, V/C  
 NAME HOEY, JOHN  
 STREET ADDRESS 1079 BALD EAGLE DR PH1  
 CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D  
 NAME BUSHMAN, JERRY  
 STREET ADDRESS 12086 COLLIERS RESERVE DR  
 CITY-ST-ZIP NAPLES, FL 34110

TITLE P/D  
 NAME WEAVER, JAMES  
 STREET ADDRESS 4430 WILDER RD  
 CITY-ST-ZIP NAPLES, FL 34105

TITLE D  
 NAME CRIFASI, JACK  
 STREET ADDRESS 3199 60TH ST NW  
 CITY-ST-ZIP NAPLES, FL 34116

TITLE EVP/CLO  
 NAME YORK, DONALD  
 STREET ADDRESS 45 GLEN MEADOW LANE  
 CITY-ST-ZIP NAPLES, FL 34105

TITLE D  
 NAME CROSSMAN, HOWARD  
 STREET ADDRESS 1658 CHINABERRY CT  
 CITY-ST-ZIP NAPLES, FL 34105

TITLE SVP/CFO  
 NAME DEBILIO, CHARLES  
 STREET ADDRESS 3492 ISLAND WALK CIRCLE  
 CITY-ST-ZIP NAPLES, FL 34119

TITLE D  
 NAME DEANGELIS, JOHN  
 STREET ADDRESS 2316 HARRIER RUN  
 CITY-ST-ZIP NAPLES, FL 34105

TITLE SVP/COO  
 NAME RUSSELL, JETTA  
 STREET ADDRESS 23785 CLEAR SPRINGS CT  
 CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D  
 NAME HAMRA, SAM  
 STREET ADDRESS 622 WILDWOOD  
 CITY-ST-ZIP NAPLES, FL 34105

TITLE VP  
 NAME BARTLETT, SUSANNE  
 STREET ADDRESS 373 THIRD AVE  
 CITY-ST-ZIP MARCO ISLAND, FL 34145