


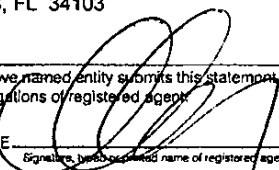
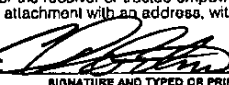
Page 1 of 2

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 15 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|-------------------------------------|--|---|
| DOCUMENT # P04000028896 | |  | |
| 1. Entity Name PARTNERS FINANCIAL CORPORATION | | | |
| Principal Place of Business 3021 AIRPORT-PULLING ROAD NORTH NAPLES, FL 34105 | | Mailing Address P.O. BOX 8426 NAPLES, FL 34101 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of Now Registered Agent | |
| SALVATOR & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES, FL 34103 | | 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  | | DATE | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | CD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLF, JACK | NAME | |
| STREET ADDRESS | 656 17TH AVENUE SOUTH | STREET ADDRESS | 200104520788 |
| CITY-ST-ZIP | NAPLES, FL 34102 | CITY-ST-ZIP | 06/18/07--01073--013 **\$61.25 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, DAVID | NAME | |
| STREET ADDRESS | 1936 COCOPLUM WAY | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34105 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATT, STEVEN | NAME | |
| STREET ADDRESS | 17066 PORTA VECCHIO WAY #202 | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YORK, DONALD | NAME | |
| STREET ADDRESS | 45 GLEN MEADOW LANE | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34105 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAAD, SAM J JR | NAME | |
| STREET ADDRESS | 1915 COCOPLUM WAY | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34105 | CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEBILIO, CHARLES | NAME | |
| STREET ADDRESS | 3492 ISLAND WALK CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34118 | 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:  Charles DeBilio | | Date: 6/5/07 239-434-2069 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

PAGE 202

ATTACHMENT
2007 FOR PROFIT CORPORATION ANNUAL REPORT

PARTNERS FINANCIAL CORPORATION
Document No. P04000028896

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOUGHTON, JAMES 760 CLARENDON COURT NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D V/C HOEY, JOHN 1079 BALD EAGLE DRIVE - PH1 MARCO ISLAND, FL 34145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUSHMAN, JERRY 12086 COLLIERS RESERVE DRIVE NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRIFASI, JACK 3199 60 TH STREET NW NAPLES, FL 34116 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROSSMAN, HOWARD 1658 CHINABERRY COURT NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEANGELIS, JOHN 2316 HARRIER RUN NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMRA, SAM 622 WILDWOOD NAPLES, FL 34105 |