2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028896

Entity Name: PARTNERS FINANCIAL CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3021 AIRPORT-PULLING ROAD NORTH NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** P.O. BOX 8426 NAPLES, FL 34101 FEI Number: 20-1566911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALVATOR & WOOD, P.L 4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES, FL 34103 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WOLF, JACK Name: Name: 656 17TH AVENUE SOUTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITE, DAVID Name: 1936 COCOPLUM WAY Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WATT, STEVEN Name: Name: 17066 PORTA VECCHIO WAY #202 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: (X) Change () Addition YORK, DONALD SUDBROOK, ROBERT Name: Name: Address: 45 GLEN MEADOW LANE Address: 10826 PHOENIX WAY City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition SAAD, SAM J JR Name: Name: 1915 COCOPLUM WAY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: SVP (X) Change () Addition DEBILIO, CHARLES Name: Name: LESLIE, HEATHER 3492 ISLAND WALK CIRCLE 6840 BEACH RESORT DR #7 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34114

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: HEATHER M. LESLIE SVP 04/30/2008