2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

Jan 30, 2006 8:00 am **DOCUMENT # P04000107450 Secretary of State** 01-30-2006 90038 002 ***158.75 PATRIOT BANK Principal Place of Business Mailing Address 1815 LITTLE RD. 1815 LITTLE RD. TRINITY, FL 34655 TRINITY, FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 20-0830384 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITE E ☐ Change ☐ Addition NAME BAKER, MICHAEL C NAME 7231 BREITENFIELD PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35242 CITY-ST-ZIP D TITLE ☐ Delete TITLE XX Change ☐ Addition Cartagena, Richard A. CARTAGENA, RICHARD A NAME STREET ADDRESS 355 MOBBLY BAY DRIVE STREET ADDRESS 255 Mobbly Bay Drive CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Oldsmar, Florida 34677 TIT! F Delete ☐ Change ☐ Addition CRONIN, MICHAEL T NAME NAME STREET ADDRESS STREET ADDRESS 70 STANTON CIR CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DENNISON, JOEL F NAME NAME STREET ADDRESS 6752 RIVER RD. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition HENSLEY, JEFFREY NAME NAME STREET ADDRESS 2980 MEADOW HILL DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Delete ☐ Addition □ Change JEWELL, GREGORY C NAME NAME STREET ADDRESS 1610 HAMPTON LANE STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 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

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FILED

01-27-06

Date

727)376~1776

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107450 1. Entity Name PATRIOT BANK					ATTACHMENT					
Principal Placi 1815 LITTLE TRINITY, FL	RD.	Mailing Address 1815 LITTLE RD. TRINITY, FL 34655	815 LITTLE RD.		60001949					
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01232006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State	City & State		4. FEI Number 20-0830				oplied For ot Applicable	
Zip	Country	Zip :	Coun	try	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	Address of New I	Registered A	gent		
1				Street Address (Address (P.O. Box Number is Not Acceptable)					
				City	 .		FL	Zip Cod	e	
	named entity submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Fi		amiliar with,	and accept	
the obligations of registered agent. SIGNATURE										
	Signature, typed or printed name of registered agent an	d tite if applicable. (NOTI	E: Hegistere	d Agent signature required	t when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai Trust Fund Cont	-		.00 May Be ed to Fees					
10.	OEEIOEDS AND S	PECTORS	11.	·	ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	D	. Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	Ora, Melvin D.		NAM	E Et address					!	
CITY-ST-ZIP	1155 Skye Lane			-ST-ZIP						
TITLE	Palm Harbor, Florida 34683	☐ Delete	TITLE	··-				☐ Change	Addition	
NAME	D		NAM	E						
STREET ADDRESS	Salzman. Andrew J.	į		ET ADDRESS						
CITY-ST-ZIP	959 Riverside Ridge Road			-ST-ZIP	 				Financial and the second	
TITLE NAME	Tarpon Springs, Florida 34689	Delete	TITLE	· ·				Change	Addition	
STREET ADDRESS	D			ET ADDRESS						
CITY-ST-ZIP	Schirmer, Matthew J.	<u></u>	CITY	-ST-ZIP						
TITLE		· 🔲 Delete	TITLE	i i				Change	☐ Addition	
NAME STREET ADDRESS	1631 Sparkling Court	NAM STR		ET ADDRESS						
CITY-ST-ZIP	Dunedin, Florida 34698	•		-ST-ZIP						
TITLE	† D	Delete	. TITLE					☐ Change	Addition	
NAME	Shaffer, Roy E. Jr.		NAM				•			
STREET ADDRESS CITY-ST-ZIP	1200 Gulf Blvd., #1403			ET ADDRESS -ST-ZIP						
TITLE	Clearwater, Florida 33767	Delete	TITLE					Change	Addition	
NAME			NAM	E					_	
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS - ST-ZIP						
	certify that the information supplied with t	hin filing door not qualify fe				Cl. data Otto a c	I formally a count			
	Certify that the intermation ellection the t									

01-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT						
DOCUMI 1. Entity Name PATRIOT B	ENT # P04000107 ank	ATTACHMENT						
Principal Place of Business 1815 LITTLE RD. TRINITY, FL 34655		Mailing Address 1815 LITTLE RD. TRINITY, FL 34655		40007949				
Principal Place of Business		3. Mailing Address						
Founte, Apt. #, etc.		Suite, Apt. #, etc.		01232006 Chg-P CR2E034 (11/05)				
City & State		City & State		4. FEI Number Applied For 20-0830384 Not Applicable				
Zìp	Zip Country		Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent	Name Street Addre	7. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) FL Zip Code				
the obligations SIGNATURE	med entity submits this statement for sof registered agent.		registered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept				
FILE N After May	NOW!!! FEE IS \$150.00 1, 2006 Fee will be \$550.0	9. Election Campa 0 Trust Fund Conf		\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Zahorian, Stephen G.	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1464 Briargrove Way Oldsmar, Florida 34677 P/D Kohler, Robert L.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4536 Bardsdale Drive Palm Harbor, Florida 34685 V	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory, Michael F. 1747 Mehlrose Avenue Belleair, Florida 33756	∭ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Archer, John C. 13125 Titleist Drive	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hudson, Florida 34669	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				

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SIGNATURE: JOHN CARCHER CFO

01-27.06s

(727) 376-1776 Daytime Phone #