

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90027 039 \*\*\*150.00

<b>DOCUMENT # P04000140330</b> 1. Entity Name <b>BANK OF FLORIDA - TAMPA BAY</b>					
Principal Place of Business <b>777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602</b>			Mailing Address <b>777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602</b>		
2. Principal Place of Business		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 New Registered Agent		
			Name <b>MICHAEL J. FLEMING</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 S HARBOUR ISLAND BLVD.</b> <b>SUITE 100</b> City <b>TAMPA</b>		
			State <b>FL</b>		
			Zip Code <b>33602</b>		
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 <b>8/15/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARGER, MICHAEL E		NAME		
STREET ADDRESS	4200 4TH STREET NORTH SUITE D		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, JOHN P JR, MD		NAME		
STREET ADDRESS	1680 GULF TO BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, BRADFORD G		NAME		
STREET ADDRESS	5100 W KENNEDY BLVD SUITE 225		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBONS, SAM M		NAME	D Gibbons, Sam M.	
STREET ADDRESS	940 SOUTH STERLING AVENUE		STREET ADDRESS	3501 Bayshore Blvd.	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL. 33629	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLWEGE, ROY N		NAME	Director & Officer	
STREET ADDRESS	794 27TH AVENUE NORTH		STREET ADDRESS	Hellwege, Roy N.	
CITY-ST-ZIP	ST PETERSBURG, FL 33704		STREET ADDRESS	Bank of Florida	
CITY-ST-ZIP			STREET ADDRESS	777 S. Harbour Island Blvd.	
CITY-ST-ZIP			STREET ADDRESS	Suite #100	
CITY-ST-ZIP			STREET ADDRESS	Tampa, FL. 33602	
CITY-ST-ZIP			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			STREET ADDRESS		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Michael J. Fleming		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

ATTACHMENT

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66025909 -

(continuation)

Bank of Florida - Tampa Bay:

Director  
Kaloust, Edward  
921 Seddon Cove  
Tampa, FL. 33602

Director  
Shuck, Robert F. Shuck  
Raymond James Financial, Inc.  
32-E  
880 Carillon Parkway  
St. Petersburg, FL. 33716

Director  
Mahan, Martin  
Bancshares of Florida, Inc.  
1185 Immokalee Rd.  
Naples, FL. 34110

Deletion

Director  
McMullan, Michael  
Bancshares of Florida, Inc.  
1185 Immokalee Rd.  
Naples, FL. 34110

Director  
Merrill, Randolph S.  
Boykin Barnett Companies  
1408 N. Westshore Blvd.  
Suite #116  
Tampa, FL. 33607

Addition

Director  
Reilly, Mary Anne  
Reilly, Fisher & Solomon, P.A.  
4950 W. Kennedy Blvd.  
Suite 101  
Tampa, FL. 33609

Director  
Shear, L. David  
Ruden, McClosky, Smith, Schuster & Russell, P.A.  
401 E. Jackson St.  
27<sup>th</sup> Floor  
Tampa, FL. 33602

Director  
Tomlin, Holly B.  
Tomlin Staffing  
8402 Laurel Fair Circle  
Suite 101  
Tampa, FL. 33610

(continuation)

Bank of Florida -- Tampa Bay:

Senior Vice President  
Willman, Christopher  
Bank of Florida  
777 S. Harbour Island Blvd.  
Suite #100  
Tampa, FL. 33602

Senior Vice President  
Watkins, Caroline  
Bank of Florida  
777 S. Harbour Island Blvd.  
Suite #125  
Tampa, FL. 33602

Vice President  
Fleming, Michael  
Bank of Florida  
777 S. Harbour Island Blvd.  
Suite #100  
Tampa, FL. 33602

ATTACHMENT

#P04000140330

06025909



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

ATTACHMENT

66028709

July 22, 2005

BANK OF FLORIDA - TAMPA BAY  
777 S HARBOUR ISLAND BLVD SUITE 125  
TAMPA, FL 33602

UPDATED

8/16/05

Subject: **BANK OF FLORIDA - TAMPA BAY**

Reference Number:

P04000140330

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

32309  
409 EAST JAINES ST.