## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000140330

Entity Name: BANK OF FLORIDA - TAMPA BAY

FILED Mar 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602 FEI Number: 20-1779341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DOUGLAS, BRADFORD G Name: Name: 5100 W KENNEDY BLVD SUITE 225 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: Title: () Delete () Change () Addition GIBBONS, SAM M Name: Name: 3501 BAYSHORE BLVD Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: DO HELLWEGE, ROY N Name: HELLWEGE, ROY N Name: 777 S HARBOUR ISLAND BLVD, SUITE# 100 777 S HARBOUR ISLAND BLVD, SUITE# 100 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: ( ) Delete Title: () Change () Addition HUGHES, H. WINGFIELD Name: Name: Address: 213 HOBBS STREET Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Delete () Change () Addition KALOUST, EDWARD Name: Name: Address: 921 SEDDON COVE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SHUCK, ROBERT Name: Name: 13606 EAGLES WALK DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip:

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: MICHAEL J FLEMING EVP 03/31/2008