

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171758

FILED  
May 19, 2006  
Secretary of State

Entity Name: BANK OF FLORIDA - SOUTHWEST

## Current Principal Place of Business:

1185 IMMOKALEE RD  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

1185 IMMOKALEE RD  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 59-3615345

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:

GECKLER, JENNIFER L SVP  
1185 IMMOKALEE ROAD  
NAPLES, FL 34110 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: JENNIFER L GECKLER

05/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARBER, DONALD  
Address: 3606 ENTERPIRSE AVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BEASLEY, CAROLINE  
Address: 3033 RIVIERA DR  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: COOK, THOMAS L M.D.  
Address: 4949 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: COX, JOE B  
Address: 1185 IMMOKALEE RD, ST 110  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: GUERRA, JAMES J M.D.  
Address: 1706 MEDICAL BLVD, STE 201  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: HOLE, STANLEY  
Address: 3303 GIN LANE  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOEHLER, JAMES L  
Address: 1185 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110 US

Title: CEO (X) Change ( ) Addition  
Name: COOK, THOMAS L M.D.  
Address: 4949 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER L GECKLER

SVP

05/19/2006

Electronic Signature of Signing Officer or Director

Date