

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171758

FILED
Apr 16, 2008
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 ()

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: CEO () Delete
Name: SHERMAN, CRAIG D
Address: 1185 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110 US

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: MORTON, ED
Address: 1185 IMMOKALEE ROAD
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: D (X) Change () Addition
Name: BARBER, DONALD
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: DCEO (X) Change () Addition
Name: MORGAN, DANNY E
Address: 1185 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110 US

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

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 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 GECKLER

CFO

04/16/2008

Electronic Signature of Signing Officer or Director

Date