


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 023 ***150.00

DOCUMENT # P05000124565

1. Entity Name
FLORIDIAN FINANCIAL GROUP, INC.



Principal Place of Business
**299 WEST GRANADA, SUITE C
 ORMOND BEACH, FL 32716**

Mailing Address
**299 WEST GRANADA, SUITE C
 ORMOND BEACH, FL 32716**

50024428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

32174 **32174**

07052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**DARGAN, JR., THOMAS H
 299 WEST GRANADA, SUITE C
 ORMOND BEACH, FL 32716**

4. FEI Number
20-4539279

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *Thomas H. Dargan Jr.* **Thomas H. Dargan Jr. Chairman/CEO** **8/4/06**

Signature typed or printed name of registered agent, and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas H. Dargan Jr. 117 Golf View Lane Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Keith A. Bulko 63 Coquina Ridge Way Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Charles Burkett 6 Crooked Bridge Way Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Turman Gailey, Jr. 936 John Anderson Drive Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Graham, Jr. 11A Buckskin Lane Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blaine Staed Lansberry 1980 S. Peninsula Drive Daytona Beach, FL 32118


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

SIGNATURE: *John D. Waters* **John D. Waters CFO** **8/4/06** **386-677-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent DARGAN, JR., THOMAS H 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32716		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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SIGNATURE: 		John D. Waters CFO 8/4/06 386-677-7900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50024428

[REDACTED]