## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 07, 2006 8:00 am Secretary of State DOCUMENT # P05000124565 08-07-2006 90041 023 \*\*\*150.00 1. Entity Name FLORIDIAN FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 50024428 299 WEST GRANADA. SUITE C 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32716 ORMOND BEACH, FL 32716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-4539279 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 32174 Fee Required 32174 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DARGAN, JR., THOMAS H Street Address (P.O. Box Number is Not Acceptable) 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32716 City 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 regis ed agent. Thomas H. Dargan Jr.Chairman/CEO 8/4/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 TITLE ☐ Delete TITLE Change Addition D/C NAME NAME Thomas H. Dargan Jr. STREET ADDRESS STREET ADDRESS 117 Golf View Lane CITY-ST-7IP CITY-ST-7IP Ormond-Beach, FL TITLE TITI F Addition ☐ Defete NAME NAME Keith A. Bulko STREET ADDRESS STREET ADDRESS 63 Coquina Ridge Way Ormond Beach, FL 32174 Change CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Addition ☐ Delete NAME NAME Dr. Charles Burkett 6 Crooked Bridge Way Ormond Beach, FL 32174 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Addition** NAME NAME Turman Gailey, Jr. STREET ADDRESS STREET ADDRESS 936 John Anderson Drive Ormond Beach, FL 32176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** ☐ Change NAME NAME John Graham, Jr. STREET ADDRESS STREET ADDRESS 11A Buckskin Lane CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME Blaine Staed Lansberry STREET ADDRESS STREET ADDRESS 1980 S. Peninsula Drive 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 CFO 8/4/06

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED** 

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SIGNATURE: \_

## ATTACHMENT DOCUMENT # P05000124565 1. Entity Name FLORIDIAN FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 299 WEST GRANADA, SUITE C 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32716 ORMOND BEACH, FL 32716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARGAN, JR., THOMAS H Street Address (P.O. Box Number is Not Acceptable) 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32716 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 **Addition** TITLE ☐ Delete TIT! F ☐ Change NAME Dr. E. Joseph LeCompte, Jr NAME STREET ADDRESS STREET ADDRESS 2560 S. Peninsula Drive CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, FL 32118 Addition TITLE TITLE ☐ Delete Change Dr. Roxy Marrese, Jr. NAME NAME 6 Moss Point Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change **Addition** ☐ Delete TITI F TITLE Stephen McGee NAME NAME STREET ADDRESS STREET ADDRESS 109 Willow Tree Lane CITY-ST-ZIP CITY-ST-ZIP Longwood, FL 32750 XI Addition ☐ Delete TITI F ☐ Change TITLE Dr. Jeffrey Parks 410 John Anderson Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ormond Beach, FL 32176 **Addition** ☐ Change TITLE ☐ Delete TITLE Dr. David Ramshaw NAME NAME STREET ADDRESS STREET ADDRESS 1516 N. Atlantic Avenue CITY-ST-7IP CITY-ST-ZIP Daytona Beach, FL 32118 Change Addition TITLE ☐ Delete TITLE NAME NAME John D. Waters CITY-ST-ZIP 136 JOYE Beach: 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. STREET ADDRESS STREET ADDRESS

John D. Waters CFO 8/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-677-7900

Daytime Phone #