


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90038 046 ***150.00

DOCUMENT # P05000124565

1. Entity Name
FLORIDIAN FINANCIAL GROUP, INC.



Principal Place of Business
**299 WEST GRANADA, SUITE C
 ORMOND BEACH, FL 32174**

Mailing Address
**299 WEST GRANADA, SUITE C
 ORMOND BEACH, FL 32174**

40017679



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
20-4539279

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

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
John D. Waters

Street Address (P.O. Box Number is Not Acceptable)
299 W. Granada Blvd. Ste. C

City
Ormond Beach FL Zip Code
32174

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  **John D. Waters, CFO** 2/9/07

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> Delete	NAME DARGAN, THOMAS H JR	STREET ADDRESS 117 GOLF VIEW LANE	CITY-ST-ZIP ORMOND BEACH, FL 32176
TITLE DP	<input type="checkbox"/> Delete	NAME BULKO, KEITH A	STREET ADDRESS 63 COQUINA RIDGE WAY	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE D	<input type="checkbox"/> Delete	NAME BURKETT, CHARLES DR.	STREET ADDRESS 6 CROOKED BRIDGE WAY	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE D	<input type="checkbox"/> Delete	NAME TURMAN, GAILEY JR.	STREET ADDRESS 936 JOHN ANDERSON DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32176
TITLE D	<input type="checkbox"/> Delete	NAME GRAHAM, JOHN JR	STREET ADDRESS 11A BUCKSKIN LANE	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE D	<input type="checkbox"/> Delete	NAME LANSBERRY, BLAINE STAED	STREET ADDRESS 1980 S. PENINSULA DRIVE	CITY-ST-ZIP DAYTONA BEACH, FL 32118

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME E. Joseph LeCompte Jr.	STREET ADDRESS 2560 S. Peninsula Drive	CITY-ST-ZIP Daytona Beach, FL 32118
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Roxy Marrese, Jr.	STREET ADDRESS 6 Moss Point Drive	CITY-ST-ZIP Ormond Beach, FL 32174
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Stephen B. McGee	STREET ADDRESS 109 Willow Tree Lane	CITY-ST-ZIP Longwood, FL 32750
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Truman E. Gailey	STREET ADDRESS 936 John Anderson Drive	CITY-ST-ZIP Ormond Beach, FL 32176
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jeffrey Parks	STREET ADDRESS 410 John Anderson Drive	CITY-ST-ZIP Ormond Beach, FL 32176
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME David Ramshaw	STREET ADDRESS 1516 N. Atlantic Avenue	CITY-ST-ZIP 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:  **Thomas H. Dargan** 2/09/07 386-677-7900

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