

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168442

Entity Name: OLD SOUTHERN BANK

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

1460 EAST HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

250 N ORANGE AVE
ORLANDO, FL 32801

Current Mailing Address:

250 N. ORANGE AVE
SUITE 550
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-2672606 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:

DICKERSON, SHARYN E EVP/CFO
250 N ORANGE AVE
ORLANDO, FL 32801 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: SHARYN DICKERSON

05/03/2007

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: SQUIRES BINFORD, GREY
Address: 1441 LYNDAL BLVD
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: FERRIS, ROBERT T
Address: 1100 SOUTH ORLANDO AVENUE., #978
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: GRAY, ANTHONY R
Address: 452 SYLVAN DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SQUIRES, JOHN G
Address: 517 SPRING CLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: VESTAL, MICHAEL E
Address: 1690 MYRTLE LAKE HILLS ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: O () Delete
Name: DICKERSON, SHARYN E EVP/CFO
Address: 1990 FARMINGTON CT
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SHARYN DICKERSON

O

05/03/2007

Electronic Signature of Signing Officer or Director

Date