


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90019 026 \*\*\*150.00

<b>DOCUMENT # P05000168442</b> 1. Entity Name <b>OLD SOUTHERN BANK</b>					
Principal Place of Business <b>250 N ORANGE AVE - 15th Floor</b> <b>ORLANDO FL 32801</b>			Mailing Address <b>250 N. ORANGE AVE -</b> <b>SUITE 550 15th Floor</b> <b>ORLANDO FL 32801</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box # <b>250 N. ORANGE AVENUE</b>		3. Mailing Address <b>250 N. ORANGE AVENUE</b>			
Suite, Apt. #, etc. <b>15th Floor</b>		Suite, Apt. #, etc. <b>15th Floor</b>			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>20-2672606</b>	
Zip <b>32801</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SQUIRES BINFORD, GREY</b> <b>1441 LYNDALE BLVD</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JANSKY, SANDRA W.</b> <b>250 N. ORANGE AVE, 15th Floor</b> <b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FERRIS, ROBERT T</b> <b>1100 SOUTH ORLANDO AVENUE, #978</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CiALLARD, MICHAEL A.</b> <b>42 INTERLAKEN RD.</b> <b>ORLANDO, FL 32804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GRAY, ANTHONY R</b> <b>452 SYLVAN DRIVE</b> <b>WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RITENOUR, JOHN K.</b> <b>2165 ALAQUA DRIVE</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SQUIRES, JOHN G</b> <b>517 SPRING CLUB DRIVE</b> <b>ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RITENOUR, HEATH</b> <b>2141 ALAQUA DRIVE</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VESTAL, MICHAEL E</b> <b>1690 MYRTLE LAKE HILLS ROAD</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NGUYEN, CHAU</b> <b>126 SPRING VALLEY LOOP</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <b>DICKERSON, SHARYN E EVP/CFO</b> <b>1990 FARMINGTON CT</b> <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Sharyn Dickerson</i> <b>EVPCFO</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SHARYN DICKERSON, EVPCFO</b>			4/24/08 352-394-1306 Date Daytime Phone #		