

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 044 ***150.00

DOCUMENT # P06000014679					
1. Entity Name FLORIDIAN BANK					
Principal Place of Business 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32176			Mailing Address 299 WEST GRANADA, SUITE C ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 1696 N. CLYDE MORRIS		3. Mailing Address 1696 N. CLYDE MORRIS			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008 Chg-P CR2E034 (12/06)	
City & State DAYTONA BEACH, FL.		City & State DAYTONA BEACH, FL.		4. FEI Number 20-4201875	
Zip 32117		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 32314-6200 200 E GAINES ST TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name <u>JOHN D. WATERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1696 N. CLYDE MORRIS BLVD.</u> City <u>DAYTONA BEACH</u> FL Zip Code <u>32117</u>		
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 <u>JOHN D. WATERS, CFO</u> <u>4/10/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULKO, KEITH A 63 COQUINA RIDGE WAY ORMOND BEACH, FL 32174	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heebner, Peter B. 24 Cameo Circle Ormond Beach, FL 32174	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, CHARLES M 6 CROOKED BRIDGE WAY ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LeCompte, E. Joseph Jr. 2560 S. Peninsula Drive Daytona Beach, FL 32118	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARGAN, THOMAS H 140 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAILEY, TRUMAN E JR 936 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marrese, Roxy Jr. 6 Moss Point Drive Ormond Beach, FL 32174	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JOHN E JR 11A BUCKSKIN LANE ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parks, Jeffrey 410 John Anderson Drive Ormond Beach, FL 32176	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANSBERRY, BLAINE STAED 1980 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramshaw, David 1516 N. Atlantic Ave. Daytona Beach, FL 32118	☐ Change ☐ Addition
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 another like empowered.					
SIGNATURE: <u>Thomas H. Dargan, Chairman/CEO</u> <u>4/22/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTONA PHONE #					
<u>Thomas H. Dargan, Chairman/CEO</u>					

ATTACHMENT

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ANNUAL REPORT
FLORIDIAN BANK

40079981
086000014679

D/C/CEO
Dargan, Thomas H.
140 John Anderson Drive
Ormond Beach, FL 32176

D/P
Bulko, Keith A.
63 Coquina Ridge Way
Ormond Beach, FL 32174