

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014679

Entity Name: FLORIDIAN BANK

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

1696 N. CLYDE MORRIS  
DAYTONA BEACH, FL 32117

## New Principal Place of Business:

## Current Mailing Address:

1696 N. CLYDE MORRIS  
DAYTONA BEACH, FL 32117

## New Mailing Address:

FEI Number: 20-4201875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATERS, JOHN D  
1696 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32117 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HEEBNER, PETER B  
Address: 24 CAMEO CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: BURKETT, CHARLES M  
Address: 6 CROOKED BRIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete  
Name: BULKO, KEITH A  
Address: 63 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: GAILEY, TRUMAN E JR  
Address: 936 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: GRAHAM, JOHN E JR  
Address: 11A BUCKSKIN LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: LANSBERRY, BLAINE STAED  
Address: 1980 S. PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

## 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: DCEO (X) Change ( ) Addition  
Name: DARGAN, THOMAS H JR  
Address: 140 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: JOHN D. WATERS

CFO

04/17/2009

Electronic Signature of Signing Officer or Director

Date