
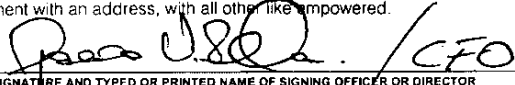


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90029 005 \*\*\*158.75

<b>DOCUMENT # P06000086523</b> 1. Entity Name <b>HILLCREST BANK FLORIDA</b>			
Principal Place of Business <b>5325 AIRPORT ROAD NAPLES, FL 34109</b>		Mailing Address <b>8889 PELICAN BAY BLVD SUITE 202 NAPLES, FL 34108</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>8889 Pelican Bay Blvd. Suite 200</b>	
City & State Zip		City & State Zip	
Country		Country	
<b>34108</b>		<b>USA</b>	
4. FEI Number <b>20-3870332</b>		Applied For Not Applicable	
5. Certificate of Status Desired		<b>X</b> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENT NOT REQUIRED PURSUANT TO 607.0501 (2) FLORIDA STATUTES X, FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		FL Zip Code	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME	BAYER, JOEL L	NAME	
STREET ADDRESS	1948 ORCHARD STREET	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60614	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITT, IRWIN	NAME	
STREET ADDRESS	3522 W. 89TH STREET	STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE, KS 66206	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKER, RONALD L	NAME	P/D
STREET ADDRESS	72 CYPRESS POINT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGERSH, JACK N	NAME	C/D
STREET ADDRESS	8231 BAY COLONY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JOHN	NAME	
STREET ADDRESS	8111 BAY COLONY DRIVE., #603-604	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANTZ, M.D., ROBERT O	NAME	
STREET ADDRESS	3971 GULF SHORE BLVD, NORTH, APT 1802	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
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:  /CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/15/08 239-254-2984 <small>Date Daytime Phone #</small>	

# ATTACHMENT

HILLCREST BANK FLORIDA  
2008 FOR PROFIT CORPORATION ANNUAL REPORT

40070222

DOCUMENT: P06000086523

## **OFFICERS AND DIRECTORS ADDITIONS:**

JOSEPH E. D'JAMOOS                      TITLE:        (D) DIRECTOR  
9163 TORREFINO COURT  
NAPLES, FL 34109

PABLO X. VEINTIMILLA                      TITLE:        (V/S) VICE PRESIDENT/SECRETARY  
767 COLDSTREAM COURT  
NAPLES, FL 34104