


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000091944 1. Entity Name FLORIDA SHORES BANCORP, INC.	
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Principal Place of Business 400 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062	Mailing Address 106 EAST 8TH STREET HOLLAND, MI 49423
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KAPER, N. DALE 400 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5501958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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.	U00000954362 07/11/08-80010-011 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, BENJAMIN A III 167 WEST 11TH STREET HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KAPER, NORLAN D 5363 PRAIRIE HOME DR SE GRAND RAPIDS, MI 49546
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-2-08 Date	616-396-9942 Daytime Phone #
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