

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091944

Entity Name: FLORIDA SHORES BANCORP, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

400 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

106 EAST 8TH STREET
HOLLAND, MI 49423

New Mailing Address:

FEI Number: 20-5501958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPER, N. DALE
400 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062 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: CEO () Delete
Name: SMITH, BENJAMIN A III
Address: 167 WEST 11TH STREET
City-St-Zip: HOLLAND, MI 49423 US

Title: PRES () Delete
Name: KAPER, NORLAN D
Address: 5363 PRAIRIE HOME DR SE
City-St-Zip: GRAND RAPIDS, MI 49546 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: KAPER, NORLAN D
Address: 109 TALAMORE CT SE
City-St-Zip: GRAND RAPIDS, MI 49546 US

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: N. DALE KAPER

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date