

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097821

FILED
May 18, 2007
Secretary of State

Entity Name: HAVEN TRUST BANK FLORIDA

Current Principal Place of Business:

709 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL

New Principal Place of Business:

709 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

Current Mailing Address:

709 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL

New Mailing Address:

709 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRINGTON, FRANCIS J CFO
709 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084 US

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: FRANCIS HARRINGTON

05/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARFIELD, TODD
Address: 128 MILL COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DEAL, BLAKE III
Address: 481 SOUTH ROSCOE BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: GREENE, MATTHEW
Address: 9570 KUHN ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: KANJI, KISH
Address: 9153 TIMBERMILL COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PATEL, MAHENDRA
Address: 162 NORTHWEST BIRDIE PLACE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: PATEL, MUKUND
Address: 2460 EUDORA WAY
City-St-Zip: DULUTH, GA 30096

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

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: FRANCIS HARRINGTON

CFO

05/18/2007

Electronic Signature of Signing Officer or Director

Date