## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128988

Entity Name: USAMERIBANK

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

800 EAST BAY DR. SUITE I LARGO, FL 33770

Current Mailing Address: New Mailing Address:

800 EAST BAY DR. SUITE I 800 EAST BAY DR. SUITES I & J LARGO, FL 33770 LARGO, FL 33770

FEI Number: 20-5689929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition AYERS, JAMES T STEANS, JENNIFER Name: Name: 1926 COVE LANE 405 N WABASH AVENUE Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CHICAGO, IL 60611 Title: Title: () Change () Addition () Delete

Name: BAUER, GEORGE P Name:
Address: 128 DUNNING ROAD Address:

Address: 128 DUNNING ROAD Address:
City-St-Zip: NEW CANAAN, CT 06840 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BENSTOCK, MICHAEL Name: STEANS, HARRISON I

 Name:
 BENSTOCK, MICHAEL
 Name:
 STEANS, HARRISON I

 Address:
 12383 WINDTREE BLVD
 Address:
 405 N WABASH AVENUE

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 CHICAGO, IL 60611

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CONNELLY, JÓHN P
 Name:

 Address:
 1 HARBORSIDE CIRCLE
 Address:

 City-St-Zip:
 BELLEAIR, FL 33756
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GEORGE, ROBERT C
 Name:
 MCMURTREY, THOMAS B

 Address:
 9699 125TH STREET NORTH
 Address:
 300 LINCOLN AVENUE

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 CLEARWATER, FL 33755

Title: D () Delete Title: () Change () Addition

 Name:
 KLEIN, MARK S
 Name:

 Address:
 2736 BURNING TREE LANE
 Address:

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTORIA A. ALDERMAN S 04/13/2007