

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90019 025 ***150.00

DOCUMENT # P07000038814
 1. Entity Name
 OLD SOUTHERN BANCORP, INC.



Principal Place of Business: 250 N. ORANGE AVENUE, ORLANDO FL 32801-1819
 Mailing Address: 250 N. ORANGE AVENUE, ORLANDO FL 32801-1819



2. Principal Place of Business - No P.O. Box #: 250 N. ORANGE AVENUE
 Suite, Apt. #, etc.: 15th Floor
 3. Mailing Address: 250 N. ORANGE AVENUE
 Suite, Apt. #, etc.: 15th Floor

1st MOORE CR2E034 (10/07)

City & State: ORLANDO, FL

4. FEI Number: Applied For / Not Applicable

Zip: 32801-1819 Country: U.S.A.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SQUIRES, JOHN G
 250 N. ORANGE AVENUE
 ORLANDO FL 32801-1819

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: BINFORD, GREY SQUIRES	STREET ADDRESS: 1441 LYNDALE BLVD	CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE: D	NAME: FERRIS, ROBERT T	STREET ADDRESS: 1100 SOUTH ORANGE AVENUE, #978	CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE: D	NAME: GRAY, ANTHONY R	STREET ADDRESS: 452 SYLVAN DRIVE	CITY-ST-ZIP: WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE: D	NAME: JANSKY, SANDRA W	STREET ADDRESS: 2600 FALLING ACORN CIRCLE	CITY-ST-ZIP: LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE: D	NAME: SQUIRES, JOHN G	STREET ADDRESS: 517 SPRING CLUB DRIVE	CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE: D	NAME: VESTAL, MICHAEL E	STREET ADDRESS: 1690 MYRTLE LAKE HILLS ROAD	CITY-ST-ZIP: LONGWOOD FL 32750	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	NAME: EDWARDS, CRAIG R.	STREET ADDRESS: 8533 NE 13th ST.	CITY-ST-ZIP: BELLEVUE, WA. 98004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: HORTON, DENNIS L.	STREET ADDRESS: 10301 DOWN LAKE VIEW CIRCLE	CITY-ST-ZIP: WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: DICKERSON, SHARYN	STREET ADDRESS: 250 N. ORANGE AVENUE - 15th Floor	CITY-ST-ZIP: ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sharyn Dickerson* SVP/CONTROLLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SHARYN DICKERSON, SVP/CONTROLLER
 Date: 4/24/08 Daytime Phone #: 352-394-1306