

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90038 033 \*\*\*150.00

<b>DOCUMENT # P07000062036</b>					
<b>1. Entity Name</b> SHAMROCK BANK OF FLORIDA					
<b>Principal Place of Business</b> 895 5TH AVENUE SOUTH NAPLES, FL 34102			<b>Mailing Address</b> 895 5TH AVENUE SOUTH NAPLES, FL 34102		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8475582	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip				Name <u>Susanne E Bartlett</u> Street Address (P.O. Box Number is Not Acceptable) <u>895 5th Ave S</u> City <u>Naples</u> State <u>FL</u> Zip Code <u>34102</u>	
<b>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.</b> SIGNATURE <u>Susanne E Bartlett</u> <u>Susanne E Bartlett</u> <u>SVP/CEO</u> <u>3-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D COPELAND, RICHARD L 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D DEPRISCO, LOUIS R 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D KAISER, TIMOTHY N M.D. 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MONAGHAN, THOMAS S 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D RONEY, PAUL R 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D TOOLE, TIMOTHY D 895 5TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Susanne E Bartlett</u> <u>Susanne E Bartlett</u>			<u>3-28-08</u> <u>239-919-5199</u> <small>DATE DAYTIME PHONE #</small>		

66007921



ATTACHMENT

66007921

#P07000062036

SHAMROCK BANK OF FL  
PG 2, ITEM 10

TITLE	D
NAME	CLAY WINFIELD
STREET ADDRESS	895 5TH AVENUE SOUTH
CITY, ST, ZIP	NAPLES, FL 34102

TITLE	P,D
NAME	DONALD J. YORK
STREET ADDRESS	895 5TH AVENUE SOUTH
CITY, ST, ZIP	NAPLES, FL 34102

TITLE	V/T/S
NAME	SUSANNE E. BARTLETT
STREET ADDRESS	895 5TH AVENUE SOUTH
CITY, ST, ZIP	NAPLES, FL 34102

TITLE	V
NAME	J. GREGORY HALLAM
STREET ADDRESS	895 5TH AVENUE SOUTH
CITY, ST, ZIP	NAPLES, FL 34102