

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069741

FILED  
May 01, 2009  
Secretary of State

Entity Name: PROBANK

## Current Principal Place of Business:

536 NORTH MONROE STREET  
TALLAHASSEE, FL

## New Principal Place of Business:

## Current Mailing Address:

536 NORTH MONROE STREET  
TALLAHASSEE, FL

## New Mailing Address:

FEI Number: 26-3033625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
PO BOX 6200 (32314-6200)  
TALLAHASSEE, FL 32399 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ATKINS-GUNTER, KATHLEEN  
Address: 1117 SAVANNAH TRACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: DOUGHERTY, EDWARD W JR  
Address: 5414 ASHTON COURT  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: ESCOBAR, JAVIER I II, MD  
Address: 420 PLANTATION RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: FORSTHOEFEL, MICHAEL W MD  
Address: 437 AUDUBON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: HOBBS, ROGER K  
Address: 3823 EAST MILLERS BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: MOAYAD, ALLEN R  
Address: 8104 LANTERNLIGHT RD  
City-St-Zip: TALLAHASSEE, FL 32312

## 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: ROGER HOBBS

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date