

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042057

FILED
Feb 27, 2009
Secretary of State

Entity Name: PROGRESS BANK OF FLORIDA

Current Principal Place of Business:

5537 SHELDON RD SUITE D
TAMPA, FL

New Principal Place of Business:

5537 SHELDON RD
SUITE D
TAMPA, FL 33615

Current Mailing Address:

5537 SHELDON RD SUITE D
TAMPA, FL

New Mailing Address:

5537 SHELDON ROAD
SUITE D
TAMPA, FL 33615

FEI Number: 59-2438311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E GAINES ST
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FENTRISS, LAURENCE
Address: 700 S HARBOUR ISLAND BLVD UNIT 232
City-St-Zip: TAMPA, FL 33602

Title: VCD () Delete
Name: AQNONICK, TIMOTHY A
Address: 2500 LANDER CT
City-St-Zip: MIDLOTHIAN, VA 23113

Title: PD () Delete
Name: RUMMEL, THOMAS R JR
Address: 1419 GILES AVE
City-St-Zip: SPRING HILL, FL 34608

Title: EVPD () Delete
Name: YOUNG, RONALD A
Address: 15919 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: WILSON, KEVIN W
Address: 3850 THAXON LANE
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: D () Delete
Name: YOUNG, KENNETH J
Address: 1705 CAPE BEND AVE
City-St-Zip: TAMPA, FL 33613

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: SRVP (X) Change () Addition
Name: MENTZER, VIRGINIA M
Address: 3772 COUNTRYSIDE ROAD
City-St-Zip: SARASOTA, FL 34233

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: GINGER MENTZER

SRVP

02/27/2009

Electronic Signature of Signing Officer or Director

Date