

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000012183

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** GULFSHORE BANCSHARES, INC.

**Current Principal Place of Business:**

3201 SOUTH MACDILL AVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3201 SOUTH MACDILL AVE  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 27-2036890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABALLERO, JOSEPH L  
9706 HIDDEN COVE CT  
TAMPA, FL 33618 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CABALLERO, JOSEPH L  
Address: 9706 HIDDEN COVE CT  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: GARCIA, JR., MARIO  
Address: 628 BALIBAY ROAD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: D  
Name: BAUMANN, JR., JOHN P  
Address: 12023 NICKLAUS CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: CARTER, JOHN E  
Address: 2628 SUNSET DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: CASSIDY, VINCENT J  
Address: 2923 W WALLCRAFT AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: D  
Name: GUIDA, GEORGE A  
Address: 4911 N SHIRLEY DRIVE  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: TINA SWAIN

CFO

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date