

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023436

Entity Name: PILOT BANCSHARES, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2901 E. FOWLER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

2901 E. FOWLER AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3304822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUFFER, JOHN W III
2901 E. FOWLER AVENUE
TAMPA, FL 33612 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: D () Delete
Name: DEWEESE, WILLIAM O
Address: 4033 PRIORY CIR.
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: MILLS, BRETT
Address: 15805 HAMPTON VILLAGE DR.
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: PORTER, CHARLES G
Address: PO BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: PUFFER, JOHN W III
Address: 3013 VILLA ROSA PARK
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: ROSS, ANN M
Address: 606 S. RIVERHILLS DR.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: GOEHRING, ROLAND A
Address: 12401 N 22ND ST., APT H304
City-St-Zip: TAMPA, FL 336124630

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: BRETT MILLS

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date