2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# P97000014103

Entity Name: FLORIDA BANCSHARES INC.

Current Principal Place of Business:

13315 US HWY 301
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13315 US HWY 301
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3434888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, J. LAMAR
13315 US HWY 301
DADE CITY, FL 33525 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: GIBBS, A. P.
Address: P O BOX 618
City-St-Zip: DADE CITY, FL 33526

Title: P ( ) Delete
Name: LAMAR, ROBERTS J
Address: 5340 EPPING LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D ( ) Delete
Name: ANDERSON, DUANE
Address: P O BOX 277 N/A
City-St-Zip: DADE CITY, FL 33526

Title: D ( ) Delete
Name: HENSON, JOHN E
Address: P O BOX 517 N/A
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: D ( ) Delete
Name: MANN, MARLENE H
Address: 39151 WOODLAND DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: MIDILI, PAUL
Address: P.O. BOX 162
City-St-Zip: SAN ANTONIO, FL 335760162

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: J LAMAR ROBERTS CEO 01/25/2008

Electronic Signature of Signing Officer or Director Date