


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 015 \*\*\*150.00

<b>DOCUMENT # P97000042786</b>					
<b>1. Entity Name</b> RIVERSIDE BANK OF THE GULF COAST					
<b>Principal Place of Business</b> 521 DEL PRADO BLVD. S. CAPE CORAL, FL 33990-2618			<b>Mailing Address</b> 521 DEL PRADO BLVD. S. CAPE CORAL, FL 33990-2618		
<b>2. Principal Place of Business - No P.O. Box #</b> 2107 SANTA BARBARA BLVD		<b>3. Mailing Address</b> 2107 SANTA BARBARA BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CAPE CORAL, FL		<b>City &amp; State</b> CAPE CORAL, FL		<b>4. FEI Number</b> 65-0794645	
<b>Zip</b> 33991		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WALLACE, JANICE 3405 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 33903			<b>7. Name and Address of New Registered Agent</b> Name: <u>RANDY GRABER</u> Street Address (P.O. Box Number is Not Acceptable): <u>2107 SANTA BARBARA BLVD</u> City: <u>CAPE CORAL</u> <b>FL</b> <b>Zip Code</b> <u>33991</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>[Signature]</u> <u>RANDY GRABER</u> <u>EVP/CEO</u> <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, VERNON D</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>TABOR, ELMER W</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>DUFFALA, DENNIS C</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>GRABER, RANDY E</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, EDGAR A.</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>BLACK, GLENN</b> <b>521 DEL PRADO BLVD. S.</b> <b>CAPE CORAL, FL 339902618</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>RANDY E GRABER</u> <u>3/11/08</u> <u>239-242-2904</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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