

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052756

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: BANKING CORPORATION OF FLORIDA

## Current Principal Place of Business:

8850 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108 US

## New Principal Place of Business:

## Current Mailing Address:

8850 TAMIAMI TRAIL N  
NAPLES, FL 34108 US

## New Mailing Address:

FEI Number: 59-3455998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMEDLEY, ROBERT O  
8850 TAMIAMI TRAIL N  
NAPLES, FL 34108 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: C/D ( ) Delete  
Name: ANDERSON, LOWELL C  
Address: 8850 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34108 US

Title: P/D ( ) Delete  
Name: KAPLAN, SAMUEL L  
Address: 90 SOUTH SEVENTH STREET, #5500  
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: VP/D ( ) Delete  
Name: SMEDLEY, ROBERT O  
Address: 8850 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34108 US

Title: S/D ( ) Delete  
Name: GAGNON, CRAIG W  
Address: 3400 PLAZA VII BUILDING  
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: T/D ( ) Delete  
Name: HOYT, JOHN W  
Address: P.O. BOX 771449  
City-St-Zip: NAPLES, FL 34107 US

Title: D ( ) Delete  
Name: STRANGIS, RALPH  
Address: 90 SOUTH SEVENTH STREET, #5500  
City-St-Zip: MINNEAPOLIS, MN 55402 US

## 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 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: ROBERT O. SMEDLEY

VP/D

01/05/2006

Electronic Signature of Signing Officer or Director

Date