

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057334

Entity Name: PSB BANCGROUP, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

350 SW MAIN BOULEVARD
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2199
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3454146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHTERY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301 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: CDP () Delete
Name: BREWER, SAMUEL F
Address: 349 SW MONTGOMERY DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: MHATRE, SHILPA U
Address: 165 SW VISION GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: BURNS, JOHN W III
Address: 234 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: EADIE, ROBERT M
Address: 250 NW RAILROAD ST
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: RIHERD, THOMAS M II
Address: 333 NW 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: MOORE, ANDREW T
Address: 2588 W HIGHWAY 90
City-St-Zip: LAKE CITY, FL 32025

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:

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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: THOMAS M. RIHERD

S

03/19/2008

Electronic Signature of Signing Officer or Director

Date