

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042504

Entity Name: CNLBANCSHARES, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4968  
ORLANDO, FL 32802

## New Mailing Address:

FEI Number: 59-3544720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, C. MICHAEL  
660 OSCEOLA AVE., #101  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

COLLINS, C. MICHAEL  
1007 TEMPLE GROVE  
WINTER PARK, FL 32789 US

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: C. MICHAEL COLLINS

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: COLLINS, C. MICHAEL  
Address: 660 OSCEOLA AVE., #101  
City-St-Zip: WINTER PARK, FL 32789

Title: CB ( ) Delete  
Name: SENEFF, JAMES  
Address: 1300 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: VCB ( ) Delete  
Name: HANNA, LEE  
Address: 13570 MANDARIN RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VCB ( ) Delete  
Name: BOURNE, ROBERT  
Address: 1411 VIA TUSCANY  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: NEWMAN, CHARLES  
Address: 24769 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: SCHMIDT, TRACY  
Address: 6055 LOUISE COVE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: COLLINS, C. MICHAEL  
Address: 1007 TEMPLE GROVE  
City-St-Zip: WINTER PARK, FL 32789

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: C. MICHAEL COLLINS

CEO

04/24/2009

Electronic Signature of Signing Officer or Director

Date