

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000060216

1. Entity Name
GRAND BANK & TRUST OF FLORIDA



Principal Place of Business
**2055 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409**

Mailing Address
**2055 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0902670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARSENAULT, GERARD A
STREET ADDRESS	800 N FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	BAKER, DAVID H
STREET ADDRESS	321 ROYAL POINCIANA PLAZA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	COSTELLO, SANDY L
STREET ADDRESS	1280 LANTANA ROAD
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	CUNNINGHAM, DONALD H
STREET ADDRESS	229 ORANGE TREE DR
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	GREENE, J. RUSSELL
STREET ADDRESS	2055 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	BUBIS, MICHAEL W
STREET ADDRESS	2366 INLAND COVE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

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05/02/07-80056-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

James R. Odza

4/20/2007

561 615 5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #