2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080697

Entity Name: BANK OF FLORIDA CORPORATION

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:		
1185 IMMOKALEE RD. NAPLES, FL 34110 US						
Current Mailing Address:			New Mailii	New Mailing Address:		
110 EAST BROWARD BLVD. SUITE 100 FORT LAUDERDALE, FL 33301 US						
FEI Number:	59-3535315	FEI Number Applied For () FEI	Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
YASSA, ARLETTE 110 E. BROWARD BLVD. SUITE 100 FORT LAUDERDALE, FL 33301 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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () D MCMULLAN, MICI 1185 IMMOKALE NAPLES, FL 341	E RD.	Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition MCMULLAN, MICHAEL PRES 1185 IMMOKALEE RD. NAPLES, FL 34110		
Title: Name: Address: City-St-Zip:	VC () D COX, JOE B 1185 IMMOKALE NAPLES, FL 341		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D JAMES, JOHN B 1185 IMMOKALE NAPLES, FL 341		Title: Name: Address: City-St-Zip:	D (X) Change () Addition JAMES, JOHN B CAO 1185 IMMOKALEE RD. NAPLES, FL 34110		
Title: Name: Address: City-St-Zip:	D () D MAHAN, MARTY F 1185 IMMOKALE NAPLES, FL 341	P COO E RD	Title: Name: Address: City-St-Zip:	DC (X) Change () Addition PUTZIGER, MICHAEL T C 99 HIGH STREET BOSTON, MA 02110		
Title: Name: Address: City-St-Zip:	C () D FRYE, EARL L 1185 IMMOKALE NAPLES, FL 341		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MOON, HARRY K 717 SE 2ND STREET FORT LAUDERDALE,, FL 33301		
Title: Name: Address: City-St-Zip:	KALOUST, ED	velete SLAND BLVD, SUIT E 940 2	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: ARLETTE YASSA SECR 04/30/2007