


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 035 ***150.00

DOCUMENT # P99000056167					
1. Entity Name TRANSCAPITAL BANK					
Principal Place of Business 2100 E HALLANDALE BEACH BLVD. SUITE 103 HALLANDALE BEACH, FL 33009			Mailing Address 2100 E HALLANDALE BEACH BLVD. SUITE 103 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0928143	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ZEDECK, LEONARD E STREET ADDRESS 13790 N.W. 4TH ST., STE. 113 CITY-ST-ZIP SUNRISE, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZEDECK, MURRAY STREET ADDRESS 2100 E HALLANDALE BEACH BLVD., STE. 103 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROTH, SEYMOUR STREET ADDRESS 2100 E HALLANDALE BEACH BLVD., STE. 103 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HIMES, WILLIAMS E STREET ADDRESS 2100 E HALLANDALE BEACH BLVD., STE. 103 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE PD NAME William E. Himes STREET ADDRESS 2100 E. Hallandale Bch Blvd STE 103 CITY-ST-ZIP Hallandale Bch, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HARPER, FLOYD D STREET ADDRESS 2100 E HALLANDALE BEACH BLVD., STE. 103 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHULMAN, DAVID B STREET ADDRESS 2100 E HALLANDALE BEACH BLVD., STE. 103 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					