2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# V42919

Entity Name: PIONEER BANKCORP, INC.

Current Principal Place of Business:

300 EAST SUGARLAND HIGHWAY
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 1237
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0932870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUSE, MILLER
300 EAST SUGARLAND HIGHWAY
CLEWISTON, FL 33440 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:	PD	( ) Delete
Name:	COUSE, MILLER	
Address:	227 EAST CRESCENT DRIVE	
City-St-Zip:	CLEWISTON, FL	
Title:	D	( ) Delete
Name:	EDWARDS, EARL E III	
Address:	325 E. DEL MONTE	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	BEER, BRYAN	
Address:	1021 N RIVER RD	
City-St-Zip:	LABELLE, FL 33935	
Title:	D	( ) Delete
Name:	LARSEN, KARL E	
Address:	PO BOX 1266	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	RIDGDILL, MORRIS	
Address:	PO BOX 447	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	S	( ) Delete
Name:	WOOD, RANDALL N	
Address:	282 CR 720	
City-St-Zip:	CLEWISTON, FL 33440	

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:	
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: RANDALL N WOOD S 04/16/2008

Electronic Signature of Signing Officer or Director — Date