Form 5 February 14, 2008					
FORM 5				OMB API	PROVAL
	UNITED STATES	OMB Number: Expires:	3235-0362 January 31,		
to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	ANNUAL ST	Estimated av burden hours response	•		
Form 3 Holdings S Reported Form 4 Transactions Reported		Public Utility Holding Company Act o of the Investment Company Act of 194		I	
1. Name and Address of Reporting Person <u>*</u> ORIE JAMES		2. Issuer Name and Ticker or Trading Symbol FNB CORP/FL/ [FNB]	5. Relationship of I Issuer	Reporting Perso	n(s) to
(Last) (Fin	rst) (Middle)	 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007 	Director X Officer (give t	title Other	Owner (specify
138 COLLEGE AV	VENUE		below) Chief	below) Legal Officer	
(Str	reet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Repor	ting

BEAVER, PAÂ 15009

ORIE JAMES

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Disposed of (Instr. 3, 4 and Amount	(D)	ired (A) or Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	Â	Â	Â	Â	Â	Â	11,949.2667 (1)	D	Â	
Common Stock	01/15/2007	Â	А	226.2121	A	\$ 17.1912	1,588.2719 (2)	Ι	By Trust (401k Plan) Employee	
Common Stock	01/15/2007	Â	А	334.7665	A	\$ <u>(3)</u>	713.2609 <u>(4)</u>	Ι	By Trust (401k Plan) Employer	

Edgar Filing: ORIE JAMES - Form 5

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Numb of Deriva Secur Acqui (A) or Dispo of (D) (Instr. 4, and	ative ities ired r osed) . 3,	(Month/Day/Year) ve es d d		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Granted 01/20/2002)	\$ 12.94	Â	Â	Â	Â	Â	(5)	01/20/2012	Common Stock	5,366
Stock Options (Granted 01/20/2003)	\$ 13.75	Â	Â	Â	Â	Â	(5)	01/20/2013	Common Stock	5,270
Stock Options (Granted 01/22/2001)	\$ 10.44	Â	Â	Â	Â	Â	(5)	01/22/2011	Common Stock	9,051
Stock Options (Granted 01/23/2000)	\$ 10.21	Â	Â	Â	Â	Â	(5)	01/23/2010	Common Stock	8,807
Stock Options (Granted 01/24/1999)	\$ 10.62	Â	Â	Â	Â	Â	(5)	01/24/2009	Common Stock	8,183

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ORIE JAMES	Â	Â	Chief Legal Officer	Â		

138 COLLEGE AVENUE BEAVER, PAÂ 15009

Signatures

/s/James G. Orie

02/14/2008

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes 602.3069 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (2) Includes 74.0286 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (3) Represents employer matching contributions pursuant to exempt 401(k) Plan.
- (4) Includes 108.736 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (5) Options are fully vested and are available for immediate exercise.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.