


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 193115 1. Entity Name COMMUNITY STATE BANK	
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Principal Place of Business 811 SOUTH WALNUT STREET P. O. BOX 460 STARKE, FL 32091	Mailing Address 811 SOUTH WALNUT STREET P. O. BOX 460 STARKE, FL 32091
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0795359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNS, PHILLIP 811 S. WALNUT STREET, P.O. DRAWER 460 STARKE, FL 32091
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

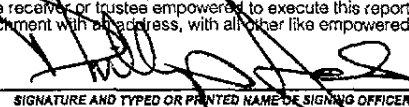
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RICHARDSON, EUGENE RT. 1, BOX 184 GLEN ST. MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCO JOHNS, JEROME 811 S. WALNUT ST., P.O. DRAWER 460 STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, SHARON RT 1 BOX 541 LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOSLEY, BARBARA RT 1 BOX 553 LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOWARD, W S RT 2 BOX 380 LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/06--80036-009 150.00

**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:  **1/24/06 (904) 964-7830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #