


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 193115	
1. Entity Name COMMUNITY STATE BANK	

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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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0795359	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$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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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000855164
03/27/08-80035-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON, EUGENE 12086 MUDLAKE RD 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 22401 NW CR 235 LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REDDISH, CAROLYN 19967 NW 71ST STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOWARD, W S 9763 SW 69TH WAY LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNS, PHILLIP P.O. DRAWER 460 STARKE, FL

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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:  **3/10/08** **904 964 7830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #