

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465683

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: THE TALLAHASSEE STATE BANK

## Current Principal Place of Business:

2720 WEST TENNESSEE STREET  
P. O. BOX 2275  
TALLAHASSEE, FL 32316

## New Principal Place of Business:

## Current Mailing Address:

2720 WEST TENNESSEE STREET  
P. O. BOX 2275  
TALLAHASSEE, FL 32316

## New Mailing Address:

FEI Number: 59-1562868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: STITH, MELVIN  
Address: 2588 NOBLE DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: GARDNER, CHARLES R  
Address: 1731 ARMISTEAD PLACE  
City-St-Zip: TALLAHASSEE, FL

Title: S ( ) Delete  
Name: MCCLURE, JEANNIE  
Address: 8420 AUGUSTWOOD LANE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: CALLAWAY, JIMMIE,  
Address: 3031 LAKESHORE DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: BEVERLY, JOE E  
Address: 1132 GORDON AVE  
City-St-Zip: THOMASVILLE, GA 31792

Title: D ( ) Delete  
Name: WEEDEN, SHARON  
Address: 3049 O'BRIEN DR.  
City-St-Zip: TALLAHASSEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CROOMS, JEFFREY MD  
Address: 1232 PENNYLANE  
City-St-Zip: TALLAHASSEE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CALLAWAY, JIMMIE  
Address: 3031 LAKESHORE DR.  
City-St-Zip: TALLAHASSEE, FL

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 for the exemption stated in Section 119.07(3)(i), 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: SHARON WEEDEN

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date