## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 006266** 

Entity Name: THE PERKINS STATE BANK

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
301 E NOBLE AVENUE WILLISTON, FL 32696				342 E NOBLE AVENUE WILLISTON, FL 32696		
Current Mailing Address:			New Mailir	New Mailing Address:		
301 E NOBLE AVENUE WILLISTON, FL 32696				342 E NOBLE AVENUE WILLISTON, FL 32696		
FEI Number:	59-0399830	FEI Number Applied For()	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ETHERIDGE, FRANK 301 E NOBLE AVE WILLISTON, FL 32696 US		342 E NOB	ETHERIDGE, FRANK 342 E NOBLE AVE WILLISTON, FL 32696 US			
The above in the State		ubmits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,		
SIGNATURE: FRANK ETHERIDGE 01/0				01/07/2005		
	Electroni	c Signature of Registered Agent		Date		
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I SANDLIN, ARTHI 18450 NE 60TH WILLISTON, FL	ST	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I ARNOLD, BETTY 211251 WILLISTON, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PCD () I ETHERIDGE, FR 14471 NE 20TH WILLISTON, FL	ST	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I BREEDEN, LOUI US 41, ROUTE 4 WILLISTON, FL	SE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () I WHITEHURSTF, 20551 NE 75TH WILLISTON, FL	ST	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WHITEHURST, DAN E 20551 NE 75TH ST WILLISTON, FL 32696		
Title: Name: Address: City-St-Zip:	S () I CARLISLE, JANI 19150 SE 3RD S WILLISTON, FL	ST	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: FRANK ETHERIDGE CEO 01/07/2005