

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 006266

FILED
Jan 09, 2006
Secretary of State

Entity Name: THE PERKINS STATE BANK

Current Principal Place of Business:

342 E NOBLE AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

342 E NOBLE AVENUE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-0399830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, FRANK
342 E NOBLE AVE
WILLISTON, FL 32696 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: SANDLIN, ARTHUR
Address: 18450 NE 60TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ARNOLD, BETTY
Address: 211251
City-St-Zip: WILLISTON, FL 32696

Title: PCD () Delete
Name: ETHERIDGE, FRANK
Address: 14471 NE 20TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: BREEDEN, LOUISE
Address: US 41, ROUTE 4
City-St-Zip: WILLISTON, FL

Title: D () Delete
Name: WHITEHURST, DAN E
Address: 20551 NE 75TH ST
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: CARLISLE, JANICE L
Address: 19150 SE 3RD ST
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: TODD BATTLE

VP

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date