

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 009604

FILED
Apr 28, 2009
Secretary of State

Entity Name: CITIZENS BANK AND TRUST

Current Principal Place of Business:

2 EAST WALL ST
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-0193780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLETON, GREGORY A
222 STATE RD. 60 EAST
LAKE WALES, FL 33853 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: PD () Delete
Name: LITTLETON, GREGORY A
Address: 149 LAKE MARIAM RD S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: CD () Delete
Name: WILSON, P T
Address: 122 MOUNTAIN LAKE ESTATES
City-St-Zip: LAKE WALES, FL 33853

Title: V () Delete
Name: MCCULLOUGH, JOHN D
Address: 24 LAKE ARROWHEAD DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: WILSON, CLAYTON G
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 338590832

Title: VD () Delete
Name: WILSON, PATRICIA
Address: 2028 TUILERIES COVE
City-St-Zip: BILOXI, MS 39531

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: WILSON, LATIMER T
Address: 200 AIRPORT ROAD
City-St-Zip: FROSTPROOF, FL 33843

Title: V (X) Change () Addition
Name: STANGRY, JOSEPH T
Address: P O BOX 1686
City-St-Zip: HAINES CITY, FL 33845

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

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

Title: V () Change (X) Addition
Name: HART, RONALD W
Address: 312 SPARROW AVE
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY A. LITTLETON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date