


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 018085
 1. Entity Name
 WAUCHULA STATE BANK



Principal Place of Business
 106 EAST MAIN STREET
 P.O. BOX 248
 WAUCHULA, FL 33873

Mailing Address
 106 EAST MAIN STREET
 P.O. BOX 248
 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-0500870

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CREWS, J W
 129 GRIFFIN ROAD
 WAUCHULA, FL 33873

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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 _____
Signature and/or printed name of registered agent and the face of each. NOTE: Registered Agent's signature only, not when containing JAIL

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000104922
 04/07/04-80004-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HANCHEY, ROBERT E. 1802 HWY 64 W. WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D CREWS, W. MARK 400 BREVARD AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY ST ZIP	CD CREWS, JR JW 129 GRIFFIN ROAD WAUCHULA, FL 00000,
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CREWS, H DENNISTON 404 VANDERBILT RD ASHVILLE, NC
TITLE NAME STREET ADDRESS CITY ST ZIP	D CREWS ALOIAN, DENA M 2530 SIMMS BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* EVP 4/6/04 863-773-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Only the first name