


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 018085 1. Entity Name WAUCHULA STATE BANK	
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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
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0500870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREWS, J W
129 GRIFFIN ROAD
WAUCHULA, FL 33873

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HANCHEY, ROBERT E. 1602 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	

**DO NOT WRITE
IN THIS SPACE**

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04/27/05-80100-023 150.00

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: _____ *J W Crews Jr* **4/25/05** **843-773-4151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #