

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018085

FILED
Mar 05, 2008
Secretary of State

Entity Name: WAUCHULA STATE BANK

Current Principal Place of Business:

106 EAST MAIN STREET
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P O BOX 248
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-0500870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, J W JR
106 EAST MAIN STREET
WAUCHULA, FL 33873 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: HANCHEY, ROBERT E
Address: 1602 HWY 64 W.
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: CREWS, WALTER M
Address: 106 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: CD () Delete
Name: CREWS, J W JR
Address: 129 GRIFFIN ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: VD () Delete
Name: CREWS, H D
Address: 404 VANDERBILT RD
City-St-Zip: ASHVILLE, NC 28803

Title: D () Delete
Name: CREWS ALOIAN, DENA M
Address: 808 S POINSETTIA DRIVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ALOIAN, MICHAEL
Address: 808 S POINSETTIA DRIVE
City-St-Zip: TAMPA, FL 33609

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

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

Title: D (X) Change () Addition
Name: ALOIAN, DENA C
Address: 808 S POINSETTIA DRIVE
City-St-Zip: TAMPA, FL 33609

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: J. W. CREWS, JR.

_____ Electronic Signature of Signing Officer or Director

CD

03/05/2008

_____ Date