2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 018266

Entity Name: LAFAYETTE STATE BANK

Current Principal Place of Business:

340 W MAIN STREET
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 108
MAYO, FL 32066

New Mailing Address:

FEI Number: 59-0549169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JAMES A
340 W MAIN STREET
MAYO, FL 32066 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: PDS ( ) Delete
Name: ROBERTS, JAMES A
Address: 2807 NW 142 AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: SVP ( ) Delete
Name: PRIMM, WILLIAM M
Address: 383 NW WHISPERING PINES
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: WILLIAMS, REYNOLDS R
Address: 606 NE CANDY LANE
City-St-Zip: MAYO, FL 32066

Title: EVP ( ) Delete
Name: HAMLIN, MARY E
Address: 2565 EAST US 27
City-St-Zip: MAYO, FL 32066

Title: CD (X) Delete
Name: ROBERTS, SIDNEY O
Address: 1308 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: CROFT, W G JR
Address: P O BOX 1480
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: ROBERTS, JAMES A
Address: 2807 NW 142 AVENUE
City-St-Zip: GAINESVILLE, FL 32609

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 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: JAMES A ROBERTS PCD 02/18/2009

Electronic Signature of Signing Officer or Director — Date