

2004 FOR PROFIT CORPORATION ANNUAL REPORT


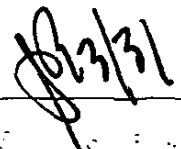
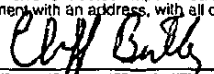
03-25-2004 90045 015 ***150.00

FILED 371597

04 MAR 31 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24020311

DOCUMENT # 371597					
1. Entity Name GULF STATE COMMUNITY BANK					
Principal Place of Business NORTHWEST CORNER OF US HWY., 98 (US 319) AND SECOND STREET CARRABELLE, FL			Mailing Address P O BOX 66 (US 319) AND SECOND STREET CARRABELLE, FL 32322 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1309253	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBISON, JANE GULF STATE BANK 73RD AVENUE E P.O. BOX 488 APALACHICOLA, FL 32329			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAR BUTLER, JOE W. HC 62 BOX 38 CARRABELLE, FL 32322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marxsen, Paul 1583 Bayou Dr Carrabelle, FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BUTLER, CLIFF N BAYSHORE DRIVE 145 N Bayshore Dr EASTPOINT, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, Jerry 2209 Conch Dr St George Island, FL 32328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, BRUFORD 339 HWY 98 EASTPOINT, FL 32328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, ROBERT L. 15 ADAMS ST. APALACHICOLA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, GEORGE OWENS AVENUE 201 NE 12th Street CARRABELLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHORBA, NANCY V. 2312 TALLY HO ST- 872 E Pine Avenue ST GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			03/24/04 (850) 653-2126		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cliff Butler					