

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429194

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: THE FIRST STATE BANK OF ARCADIA

## Current Principal Place of Business:

400 N. BREVARD AVENUE  
ARCADIA FLORIDA, 34266 US

## New Principal Place of Business:

400 N. BREVARD AVENUE  
ARCADIA, FL 34266 US

## Current Mailing Address:

P.O. BOX 1400  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 59-1451065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, BRADLEY L  
400 N BREVARD AVENUE  
ARCADIA, FL 34266 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: D ( ) Delete  
Name: CREWS, J W JR  
Address: 106 E MAIN ST  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: WILSON, BRADLEY L  
Address: 119 PALMETTO CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: ALOIAN, MICHAEL S  
Address: 808 POINSETTIA AVE.  
City-St-Zip: TAMPA, FL 33609

Title: DEVP ( ) Delete  
Name: BACKER, PATRICIA M  
Address: 3990 NE ASHLEY TERR  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: MEEKER, KERRY  
Address: 163 HILLCREST DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DCFO (X) Change ( ) Addition  
Name: WILSON, BRADLEY L  
Address: 119 PALMETTO CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D P (X) Change ( ) Addition  
Name: GUIDRY, EVERETTE A  
Address: 945 N ARCADIA AVE  
City-St-Zip: ARCADIA, FL 34266

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

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

Title: D ( ) Change (X) Addition  
Name: ALOIAN, MICHAEL S  
Address: 808 POINSETTIA AVE  
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: PATRICIA M BACKER

DEVP

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date