

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465683

FILED
Jan 06, 2006
Secretary of State

Entity Name: THE TALLAHASSEE STATE BANK

Current Principal Place of Business:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-1562868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CROOMS, JEFFREY MD
Address: 1232 PENNYLANE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: GARDNER, CHARLES R
Address: 1731 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: MCCLURE, JEANNIE
Address: 8420 AUGUSTWOOD LANE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: CALLAWAY, JIMMIE
Address: 3031 LAKESHORE DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BEVERLY, JOE E
Address: 1132 GORDON AVE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: WEEDEN, SHARON
Address: 3049 O'BRIEN DR.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: SHARON WEEDEN

EVP

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date