

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98821

FILED
Apr 26, 2005
Secretary of State

Entity Name: GULF STATE BANCORP

Current Principal Place of Business:

206 ST. JAMES AVENUE
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

206 ST. JAMES AVENUE
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-2386876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 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: C () Delete
Name: BUTLER, JOE W.,
Address: HC 62 BOX 38
City-St-Zip: CARRABELLE, FL 32322

Title: P () Delete
Name: BUTLER, CLIFF,
Address: 145 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: HOWELL, ROBERT L.,
Address: 15 ADAMS STREET
City-St-Zip: APALACHICOLA, FL

Title: D () Delete
Name: JACKSON, GEORGE D.,
Address: 201 NE 12TH STREET
City-St-Zip: CARRABELLE, FL

Title: S () Delete
Name: ROBISON, JANE
Address: 2ND ST WEST
City-St-Zip: CARRABELLE, FL 32322

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
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 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 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: CLIF BUTLER

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date