

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98821

FILED
Mar 19, 2009
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:

PO BOX GG
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, CLIFF
Address: 145 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328 US

Title: D () Delete
Name: FLOWERS, BRUFORD
Address: 339 HWY 98
City-St-Zip: EASTPOINT, FL 32328 US

Title: D () Delete
Name: JACKSON, GEORGE D
Address: 201 NE 12TH STREET
City-St-Zip: CARRABELLE, FL 32322 US

Title: D () Delete
Name: MARXSEN, PAUL E
Address: 903 ST JAMES AVENUE
City-St-Zip: CARRABELLE, FL 32322 US

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

Title: D (X) Delete
Name: THOMPSON, JERRY
Address: 2209 CONCH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328 US

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:

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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 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: JANE ROBISON

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date