



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H41229</b>		
1. Entity Name COMMUNITY STATE BANK CORPORATION		
Principal Place of Business 811 S. WALNUT ST. P.O. DRAWER 460 STARKE, FL 32091 US	Mailing Address 811 S. WALNUT ST. P.O. DRAWER 460 STARKE, FL 32091 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JOHNS, PHILLIP 811 S. WALNUT STREET STARKE, FL 32091		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, SHARON RT 1 BOX 541 LAKE BUTLER, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JOHNS, JEROME 811 S. WALNUT ST., P.O. DRAWER 460 STARKE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPC WUENSCHER, BETTY L. 423 MARSH POINT CIRCLE ST. AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOSLEY, BARBARA RT. 1, BOX 553 LAKE BUTLER, FL 32054,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, W S RT 2 BOX 380 LAKE BUTLER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNS, PHILLIP J 811 S WALNUT ST PO DRAWER 460 STARKE, FL 32091	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/20/06</u> <u>(904) 964-7830</u> <small>Daytime Phone #</small>



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2501728 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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01/26/06-180036-010 150.00