

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # H41229

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**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2501728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNS, PHILLIP
811 S. WALNUT STREET
STARKE, FL 32091**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000855161
03/27/08-20035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BENNETT, SHARON
STREET ADDRESS	22401 NW CR 235
CITY-ST-ZIP	LAKE BUTLER, FL
TITLE	DC
NAME	JOHNS, JEROME
STREET ADDRESS	811 S. WALNUT ST., P.O. DRAWER 460
CITY-ST-ZIP	STARKE, FL
TITLE	DVPC
NAME	WUENSCHER, BETTY L
STREET ADDRESS	423 MARSH POINT CIRCLE
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	AS
NAME	REDDISH, CAROLYN
STREET ADDRESS	19976 NW 71 ST
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	HOWARD, W S
STREET ADDRESS	9763 SW 69TH WAY
CITY-ST-ZIP	LAKE BUTLER, FL
TITLE	DP
NAME	JOHNS, PHILLIP J
STREET ADDRESS	811 S WALNUT ST PO DRAWER 460
CITY-ST-ZIP	STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

904 964 7830

Daytime Phone #