

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81300

FILED
Apr 19, 2005
Secretary of State

Entity Name: CHARLOTTE STATE BANK

Current Principal Place of Business:

1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-2664950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DEYOUNG, CRAIG H
Address: 1321 AGEAN CT.
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: D () Delete
Name: CREWS, W M
Address: P.O. BOX 1400
City-St-Zip: ARCADIA, FL 33952

Title: PD () Delete
Name: BROWN, CHARLES G III
Address: 4856 WINTERHAVEN AVE.
City-St-Zip: SARASOTA, FL 33952

Title: D () Delete
Name: ALOIAN, MICHAEL
Address: 2530 SIMMS BLVD.
City-St-Zip: TAMPA, FL 33629

Title: C () Delete
Name: CREWS, J W JR
Address: P.O. BOX 248
City-St-Zip: WAUCHULA, FL 33873

Title: VD () Delete
Name: WILSON, BRADLEY L
Address: 119 PALMETTO CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

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: BRADLEY L WILSON

VD

04/19/2005

Electronic Signature of Signing Officer or Director

Date