## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81300

Current Principal Place of Rusiness:

**Entity Name: CHARLOTTE STATE BANK** 

**FILED** Mar 24, 2006 Secretary of State

1100 TAMIAMI TRAIL PORT CHARLOTTE, FL	33953		
Current Mailing Address:		New Mailing Address:	
1100 TAMIAMI TRAIL PORT CHARLOTTE, FL	33953		
FEI Number: 59-2664950	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Rusiness:

Title: () Delete Title: (X) Change ( ) Addition DEYOUNG, CRAIG H DEYOUNG, CRAIG H Name: Name: 1321 AGEAN CT. 1321 AGEAN CT. Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33983 City-St-Zip: PORT CHARLOTTE, FL 33983 Title: Title: () Delete () Change () Addition CREWS, W M Name: Name: Address: P.O. BOX 1400 Address: ARCADIA, FL 33952 City-St-Zip: City-St-Zip: Title: Title: PD (X) Delete () Change () Addition BROWN, CHARLES G III Name: Name: 4856 WINTERHAVEN AVE. Address: Address: City-St-Zip: SARASOTA, FL 33952 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ALOIAN, MICHAEL Name: Name: Address: 2530 SIMMS BLVD. Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip:

Title: Title: () Delete () Change () Addition

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

Title: ( ) Delete Title: (X) Change ( ) Addition

WILSON, BRADLEY L WILSON, BRADLEY L Name: Name: 119 PALMETTO CIRCLE 119 PALMETTO CIRCLE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG DEYOUNG PD 03/24/2006