2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# J81300

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:

DE YOUNG, CRAIG H PRES.
1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 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:	PD	( ) Delete
Name:	DE YOUNG, 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:	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:	D	( ) Delete
Name:	WILSON, BRADLEY L	
Address:	119 PALMETTO CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	PENNYBACKER, WILLIAM B	
Address:	5392 SHAGBARK COURT	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ALOIAN, MICHAEL	
Address:	808 POINSETTIA AVE	
City-St-Zip:	TAMPA, FL 33609	
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 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: WILLIAM B. PENNYBACKER D 03/10/2009

Electronic Signature of Signing Officer or Director — Date