

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81300

FILED
Feb 19, 2010
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 (X)

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
Name: DE YOUNG, CRAIG H
Address: 1321 AGEAN CT.
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: D
Name: DIEDRICK, LANE
Address: 20987 KEARNEY AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: ALOIAN, MICHAEL
Address: 808 POINSETTIA AVE
City-St-Zip: TAMPA, FL 33609

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

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

Title: D
Name: PENNYBACKER, WILLIAM B
Address: 5392 SHAGBARK COURT
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: BRYAN PENNYBACKER

D

02/19/2010

Electronic Signature of Signing Officer or Director

Date