

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91260

FILED
Apr 14, 2005
Secretary of State

Entity Name: FIRST STATE BANK

Current Principal Place of Business:

22 SOUTH LINKS AVE.
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

22 SOUTH LINKS AVE.
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0114339

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:

FRENCH, TED
2033 MAIN STREET
SUITE 304
SARASOTA, FL 34236 US

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: C. TED FRENCH

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COUGHLIN, COREY
Address: 22 SOUTH LINKS AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: HARRIS, WADE
Address: 22 SOUTH LINKS AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: BAYNARD, LESTER
Address: 22 SOUTH LINKS AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: MCDANIEL, RICK
Address: 22 SOUTH LINKS AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: SEIDERS, TERRY
Address: 22 SOUTH LINKS
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: ULRICH, LISA
Address: 22 SOUTH LINKS AVE
City-St-Zip: SARASOTA, FL 34236 US

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: COREY J. COUGHLIN

P,D

04/14/2005

Electronic Signature of Signing Officer or Director

Date