

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-30-2006 200717020 \*\*\*150.00

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**FILED**

06 AUG -7 AM 11:10

SECRETARY OF STATE



<b>DOCUMENT #J91260</b>		
1. Entity Name <b>FIRST STATE BANK</b>		
Principal Place of Business 22 SOUTH LINKS AVE SARASOTA, FL 34236 US	Mailing Address 22 SOUTH LINKS AVE SARASOTA, FL 34236 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07172006 Chg-P CR2E034 (11/05)
City & State	City & State	4. FEI Number 65-0114339 Applied For Not
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>C. Ted French 2033 MAIN ST Suite 304 Sarasota, FL 34236</b>		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE

**FILE NOW!!! FEE IS  
\$550.00 Due by September  
6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be L-H Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COUGHLIN, COREY 22 SOUTH LINKS AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D French, Ted C. 22 S. Links Ave Sarasota FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARRIS, WADE 22 SOUTH LINKS AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D Felix, J.C. 22 S. Links Ave Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAYNARD, LESTER 22 SOUTH LINKS AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D Coddington, DAVID 22 S. Links Ave Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCDANIEL, RICK 22 SOUTH LINKS AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D Copenhaver, Ronald 22 S. Links Ave Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDERS, TERRY 22 SOUTH LINKS SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D Chairman, D Wright, THOMAS 22 S. Links Ave Sarasota FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ULRICH, LISA 22 SOUTH LINKS AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D Olszewski, Richard 22 S. Links Ave Sarasota FL 34236	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

2/3

Dot Snyder

66022187

From: corphelp [corphelp@dos.state.fl.us]  
Sent: Thursday, July 20, 2006 2:55 PM  
To: Dot Snyder  
Subject: RE: ReJ91260

Copied below is the text of a letter we sent you last February. If you have any questions, please call the number shown in the letter below.

Lee Rivers  
Internet Access  
Division of Corporations

February 2, 2006

FIRST STATE BANK  
22 SOUTH LINKS AVE.  
SARASOTA, FL 34236 US

SUBJECT: FIRST STATE BANK  
Ref. Number: J91260

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent

previously filed with this office, the new agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 706A00008399

/vrh

ATTACHMENT

66022187

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida

32314

9/3

-----Original Message-----

From: Dot Snyder (mailto:dsnyder@firststatefl.com)

Sent: Wednesday, July 19, 2006 2:51 PM

To: corphelp

Subject: Re: 91260

I received a Notice of Intent to Dissolve for First State Bank J 91260, for non filing of Annual Report. We filed this report in January of this year and I have the cancelled check that cleared our Bank on 1/30/2006. Is there any other information that you need from First State Bank

My Email Address is

dsnyder@Firststatefl.com

Thank you

Dot Snyder  
VP, Controller