


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90028 012 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # J91260 1. Entity Name FIRST STATE BANK | | | |  | |
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip _____ Country _____ | | City & State Zip _____ Country _____ | | 4. FEI Number 65-0114339 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FRENCH, C. T 2033 MAIN ST., STE. 304 SARASOTA, FL 34236 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 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 checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JES WILKINSON 22 SOUTH LINKS AVE SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, WADE 22 SOUTH LINKS AVE SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMAS WRIGHT 22 SOUTH 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 type="checkbox"/> Addition |
| 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 type="checkbox"/> Addition |
| 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 type="checkbox"/> Addition |
| 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 type="checkbox"/> Addition |
| 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 7/15/08 941-328-6825 Daytime Phone # | | |