

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000100765

1. Entity Name
CENTRAL FLORIDA STATE BANK



Principal Place of Business
11800 SOUTH US HIGHWAY 441
BELLEVUE, FL 34420

Mailing Address
PO BOX 3340
BELLEVUE, FL 34421



05102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698913

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | AMATEA, FRANK C |
| STREET ADDRESS | 2323 SE 15TH ST |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | D |
| NAME | BOLLING, RICKEY J |
| STREET ADDRESS | 993 SE 69TH PL |
| CITY-ST-ZIP | OCALA, FL 34480 |
| TITLE | D |
| NAME | FOX, MARY F |
| STREET ADDRESS | 11845 SE 169TH AVE RD |
| CITY-ST-ZIP | OCKLAWAHA, FL 32179 |
| TITLE | D |
| NAME | HANSER, S ALBERT |
| STREET ADDRESS | 1517 SAND CASTLE RD |
| CITY-ST-ZIP | SANIBEL ISLAND, FL 33957 |
| TITLE | D |
| NAME | HILDNER, JOSEPH C |
| STREET ADDRESS | 976 NE 51ST AVE |
| CITY-ST-ZIP | OCALA, FL 33470 |
| TITLE | D |
| NAME | MCLAUGHLIN, PATRICK A |
| STREET ADDRESS | 1365 SE 73RD PL |
| CITY-ST-ZIP | OCALA, FL 34480 |

U00000366711
05/16/05-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/11/2005 352-347-4800
Daytime Phone #