

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 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**



01182008 No Chg-P CR2E034 (11/05)

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	PHINNEY, EDWARD E
STREET ADDRESS	2344 SE 5TH STREET
CITY-ST-ZIP	OCALA, FL 34471
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

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02/04/08-80014-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #

1-17-08 352-347-4800