

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100765

FILED
Jan 21, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA STATE BANK

Current Principal Place of Business:

11800 SOUTH US HIGHWAY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

PO BOX 3340
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-3698913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMATEA, FRANK C
Address: 2323 SE 15TH ST
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BOLLING, RICKEY J
Address: 993 SE 69TH PL
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: FOX, MARY F
Address: 11845 SE 169TH AVE RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: D () Delete
Name: PHINNEY, EDWARD E
Address: 2344 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HILDNER, JOSEPH C
Address: 976 NE 51ST AVE
City-St-Zip: OCALA, FL 33470

Title: D () Delete
Name: MCLAUGHLIN, PATRICK A
Address: 1365 SE 73RD PL
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOX, MARY F
Address: 2066 S.E. 37TH CIRCLE CT.
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILDNER, JOSEPH C
Address: 1275 S.W. 38TH STREET
City-St-Zip: OCALA, FL 33474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM E. GREEN

CFO

01/21/2009

Electronic Signature of Signing Officer or Director

Date