


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000134986 1. Entity Name CENTERSTATE BANK OF FLORIDA	
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Principal Place of Business 1101 FIRST ST S WINTER HAVEN, FL 33880	Mailing Address 1101 FIRST ST S WINTER HAVEN, FL 33880
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04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000130524

04/26/04-80121-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, G. ROBERT JR 1414 SWANN AVE, STE 201 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREFOOT, GEORGE PO BOX 188 HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEY, TERRY W 2235 CRUMP RD WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, FRANK M JR PO BOX 2762 LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRBY, TIMOTHY A PO BOX 192 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE W PO BOX 6252 LAKELAND, FL 33807

**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)(i), 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:  **JOHN C. CORBETT** 04/15/04 (863) 291-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President