

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-26-2004 91105001 ***150.00
 04-26-2004 91105002 *****8.75
 P03000006770

04 MAY 10 PM 6:27


STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

66415387



DOCUMENT # P03000006770

1. Entity Name
CENTERSTATE BANK MID FLORIDA



Principal Place of Business
**1211 WEST CITIZENS BLVD.
 LEESBURG, FL 34748**

Mailing Address
**1211 WEST CITIZENS BLVD.
 LEESBURG, FL 34748**

2. Principal Place of Business
1211 W. North Blvd.

3. Mailing Address
P O Box 490558

Suite, Apt. #, etc.

City & State
Leesburg, Florida

City & State
Leesburg, Florida

Zip
34748

Country
United States

Zip
34749

Country
United States

03082004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3739327**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Elizabeth J. Bowen

Street Address (P.O. Box Number is Not Acceptable)
1211 W. North Blvd.

City
Leesburg FL Zip Code
34748

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 *Elizabeth J. Bowen, Sr VP + CFO* DATE 4/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGG-STRIMENOS, GAIL 1048 STRIMENOS LANE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Stokes 1035 West Dixie Avenue Leesburg, Florida 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, DON M 35421 HAINES CREEK RD LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill C. Mobley 3793 Picciola Road Leesburg, Florida 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDERSTADT, CARL H. SR. 39548 CREST COURT LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernie Pinner 1101-1st-Street South Winter Haven, Florida 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERLONG, WILLIAM F 1010 SHORE ACRES DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James S. Stalnaker P O Box 639 Zephyrhills, Florida 33539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTEIS, RICHARD C 911 WEST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Elizabeth J. Bowen 1211 W. North Blvd. Leesburg, Florida 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, TIMOTHY A. 1035 WEST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Timothy A. Pierson 1211 W. North Blvd. Leesburg, Florida 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth J. Bowen, Sr VP + CFO* DATE 4/8/04 DAYTIME PHONE # 352-314-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #