

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006770

FILED
Jul 01, 2005
Secretary of State

Entity Name: CENTERSTATE BANK MID FLORIDA

Current Principal Place of Business:

1211 WEST CITIZENS BLVD.
LEESBURG, FL 34748

New Principal Place of Business:

1211 WEST NORTH BLVD.
LEESBURG, FL 34748

Current Mailing Address:

1211 WEST CITIZENS BLVD.
LEESBURG, FL 34748

New Mailing Address:

P O BOX 490558
LEESBURG, FL 34749 US

FEI Number: 59-3739327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREGG-STRIMENOS, GAIL
Address: 1048 STRIMENOS LANE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BUCKNER, DON M
Address: 35421 HAINES CREEK RD
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: LUNDERSTADT, CARL H. SR.
Address: 39548 CREST COURT
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: HERLONG, WILLIAM F
Address: 1010 SHORE ACRES DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SCHULTEIS, RICHARD C
Address: 911 WEST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: PIERSON, TIMOTHY A
Address: 1211 W NORTH BLVD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D E (X) Change () Addition
Name: HERLONG, WILLIAM F
Address: 1010 SHORE ACRES DR
City-St-Zip: LEESBURG, FL 34748

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH J BOWEN

SVP

07/01/2005

Electronic Signature of Signing Officer or Director

Date