

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068742

FILED
Feb 27, 2008
Secretary of State

Entity Name: CITIZENS BANKING CORPORATION

Current Principal Place of Business:

2 EAST WALL STREET
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7
FROSTPROOF, FL 338430007

New Mailing Address:

FEI Number: 20-0356440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITBY, JACQUELINE
222 STATE ROAD 60 EAST
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HOOD, CRADDOCK F
Address: 223 LAKE LINK RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DP () Delete
Name: LITTLETON, GREG
Address: 149 LAKE MARIAM RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: DC () Delete
Name: WILSON, P T
Address: 122 MOUNTAIN LAKE ESTATES
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: WILSON, PATRICIA
Address: 2028 TUILERIES COVE
City-St-Zip: BILOXI, MS 39531

Title: D () Delete
Name: WILSON, LATIMER T
Address: 200 AIRPORT ROAD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: WILSON, CLAYTON G
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

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

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 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: CRADDOCK F HOOD

DS

02/27/2008

Electronic Signature of Signing Officer or Director

Date