2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

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1. Entity Name
CITIZENS BANCSHARES, INC.

Principal Place of Business	Mailing Address
2628 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327-1240	P.O. BOX 1240 CRAWFORDVILLE, FL 32326-1240

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3504353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301

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

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PAYNE, MARK W
STREET ADDRESS	38 HIGHLAND ST.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	MILLS, WILLIAM E
STREET ADDRESS	4202 COASTAL HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	PD
NAME	YOUNG, L.F. JR.
STREET ADDRESS	PO BOX 816
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326
TITLE	CD
NAME	BROWN, EDWIN G
STREET ADDRESS	P.O. BOX 625 N/A
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326
TITLE	EVPD
NAME	DAVIS, JACK D JR
STREET ADDRESS	PO BOX 514
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80009-019 150.00

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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.

(850)926-5211

SIGNATURE: Jack D. Davis, Jr. January 16, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #