2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# P98000065106

Entity Name: PEOPLES STATE BANK

Current Principal Place of Business:

350 SW MAIN BOULEVARD
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2199
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3512544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DAMPIER, CHRISTOPHER H	
Address:	350 SW MAIN BLVD	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	SPD	( ) Delete
Name:	RIHERD, THOMAS M	
Address:	350 SW MAIN BLVD	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	D	( ) Delete
Name:	EADIE, RENNY B III	
Address:	216 SW SHORTLEAF DR	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	RATLIFF, ROGER W	
Address:	RT 4, BOX 77-B	
City-St-Zip:	JASPER, FL 32052	
Title:	CD	( ) Delete
Name:	BREWER, SAMUEL F	
Address:	349 SW MONTGOMERY DRIVE	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	D	( ) Delete
Name:	MILTON, ALTON W	
Address:	1420 SW MAIN BLVD	
City-St-Zip:	LAKE CITY, FL 32025	

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: THOMAS M. RIHERD SPD 03/19/2008

Electronic Signature of Signing Officer or Director Date