

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81300

Entity Name: CHARLOTTE STATE BANK & TRUST**Current Principal Place of Business:**1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953**Current Mailing Address:**1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953**FEI Number:** 59-2664950**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DE YOUNG, CRAIG HPRES.
1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 US*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**Officer/Director Detail :**

Title	PD
Name	DE YOUNG, CRAIG H
Address	1321 AGEAN CT.
City-State-Zip:	PORT CHARLOTTE FL 33983

Title	D
Name	DIEDRICK, LANE
Address	20987 KEARNEY AVE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D
Name	ALOIAN, MICHAEL
Address	808 POINSETTIA AVE
City-State-Zip:	TAMPA FL 33609

Title	C
Name	CREWS, J WJR
Address	P.O. BOX 248
City-State-Zip:	WAUCHULA FL 33873

Title	D
Name	WILSON, BRADLEY L
Address	119 PALMETTO CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D
Name	PENNYBACKER, WILLIAM B
Address	5392 SHAGBARK COURT
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	CREWS, JAKE
Address	P.O. BOX 2266
City-State-Zip:	WAUCHULA FL 33873-6266

I hereby 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 all other like empowered.

SIGNATURE: CRAIG DEYOUNG**PRESIDENT****02/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date