



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 030 ***150.00

| | | | | |
|---|--------------------------------------|--|---|---|
| DOCUMENT # H71008 | | | |  |
| 1. Entity Name HIGHLANDS INDEPENDENT BANK | | | | |
| Principal Place of Business 2600 U.S. HIGHWAY 27, NORTH SEBRING, FL 33870 | | Mailing Address 2600 U.S. HIGHWAY 27, NORTH SEBRING, FL 33870 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 4. FEI Number 59-2571173 | | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| John C Shoop 1927 NE Lakeview Dr Sebring, Fl 33870 | | | Name | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | City | |
| | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CREWS, ROBERT C | NAME | R Todd Foster | |
| STREET ADDRESS | 475 LAKE LOTELA DR | STREET ADDRESS | 3526 Black Jack Ct | |
| CITY-ST-ZIP | AVON PARK, FL | CITY-ST-ZIP | Lake Wales, Fl 33898 | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PATTON, CANDACE | NAME | | |
| STREET ADDRESS | 9314 PAYNE ROAD | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33875 | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEEDLEY, HAZEL J | NAME | | |
| STREET ADDRESS | 400 MARAVILLA AVE | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33872 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOCH, EDWARD O., JR. | NAME | | |
| STREET ADDRESS | 1908 DELEON PL. | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL | CITY-ST-ZIP | | |
| TITLE | PCEO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHOOP, JOHN C | NAME | | |
| STREET ADDRESS | 1927 N.E. LAKEVIEW DR | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33870 | CITY-ST-ZIP | | |
| TITLE | CD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BARBEN, ROBERT J | NAME | | |
| STREET ADDRESS | 304 S DELANEY AVE | STREET ADDRESS | | |
| CITY-ST-ZIP | AVON PARK, FL 33825 | CITY-ST-ZIP | | |
| 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. | | | | |
| SIGNATURE:  | | 2/1/05 | 863-385-8700 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> | |

40011721



01242005 Chg-P CR2E034 (10/03)