


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90258 008 \*\*\*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**

**50000069**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**59-2571173**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6.-Name and Address of Current Registered Agent -**

**John C. Shoop**  
**1927 NE Lakeview Dr**  
**Sebring, FL 33870**

**7. Name and Address of New Registered Agent**

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 John C. Shoop, President January 9th, 2007

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, ROBERT C	
STREET ADDRESS	475 LAKE LOTELA DR	
CITY-ST-ZIP	AVON PARK, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAYNE, CANDACE	
STREET ADDRESS	9314 PAYNE ROAD	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, TODD R	
STREET ADDRESS	3526 BLACK JACK CT	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, EDWARD O., JR.	
STREET ADDRESS	1908 DELEON PL.	
CITY-ST-ZIP	SEBRING, FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHOOP, JOHN C	
STREET ADDRESS	1927 N.E. LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARBEN, ROBERT J	
STREET ADDRESS	304 S-DELANEY AVE	
CITY-ST-ZIP	AVON PARK, FL 33825	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, R.Todd	
STREET ADDRESS	4215 Bunker Drive	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: R. Todd Foster R. Todd Foster January 9, 2007 (813) 385-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #