


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90040 033 \*\*\*150.00

**DOCUMENT # H71008**  
 1. Entity Name  
**HIGHLANDS INDEPENDENT BANK**



Principal Place of Business      Mailing Address  
 2600 U.S. HIGHWAY 27, NORTH      2600 U.S. HIGHWAY 27, NORTH  
 SEBRING, FL 33870                      SEBRING, FL 33870

**40039492**



02202008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2571173</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**John C. Shoop**  
**1927 NE Lakeview Dr**  
**Sebring, FL 33870**

**DO NOT WRITE IN THIS SPACE**

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**      **February 20, 2008**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, ROBERT C 475 LAKE LOTELA DR AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAYNE, CANDACE 9314 PAYNE ROAD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOSTER, TODD R 4215 BUNKER DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, EDWARD O., JR. 1908 DELEON PL. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHOOP, JOHN C 1927 N.E. LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARBEN, ROBERT J 304 S DELANEY AVE AVON PARK, FL 33825

**DO NOT WRITE IN THIS SPACE**

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**      **Feb 21, 2008**      **(863) 385-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #