


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 59-2571173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 #