

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71008

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** HIGHLANDS INDEPENDENT BANK

**Current Principal Place of Business:**

2600 U.S. HIGHWAY 27, NORTH  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

2600 U.S. HIGHWAY 27, NORTH  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 59-2571173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOOP, JOHN C PCEO  
2600 US HIGHWAY 27 NORTH  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CREWS, ROBERT C  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: V  
Name: PAYNE, CANDACE  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: CFO  
Name: FOSTER, TODD R  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: CD  
Name: WATKINS, THOMAS S  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: PCEO  
Name: SHOOP, JOHN C  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: KOCH, EDWARD O JR  
Address: 2600 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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: JOHN SHOOP

PCEO

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date