

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000005985

1. Entity Name  
HIGH TRUST BANK



Principal Place of Business  
280 COUNTRY CLUB DR., SUITE 100  
STOCKBRIDGE, GA 30281

Mailing Address  
280 COUNTRY CLUB DR., SUITE 100  
STOCKBRIDGE, GA 30281

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-0958284	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**

BLACKMON, CHARLES B  
1728 DUNES CLUB PL.  
AMELIA ISLAND, FL 30234

**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 \_\_\_\_\_

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BLACKMON, CHARLES B
STREET ADDRESS	280 COUNTRY CLUB DR., SUITE 100
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	S
NAME	MOTES, DARBY A
STREET ADDRESS	280 COUNTRY CLUB DR., SUITE 100
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953956  
07/10/08-80006-010 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_