

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

Mailing Address
**2600 U.S. HIGHWAY 27, NORTH
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 use 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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CREWS, ROBERT C
STREET ADDRESS	475 LAKE LOTELA DR
CITY - ST - ZIP	AVON PARK, FL

TITLE	V
NAME	PAYNE, CANDACE
STREET ADDRESS	9314 PAYNE ROAD
CITY - ST - ZIP	SEBRING, FL 33875

TITLE	CFO
NAME	FOSTER, TODD R
STREET ADDRESS	4215 BUNKER DRIVE
CITY - ST - ZIP	SEBRING, FL 33872

TITLE	D
NAME	KOCH, EDWARD O., JR.
STREET ADDRESS	1908 DELEON PL.
CITY - ST - ZIP	SEBRING, FL

TITLE	PCEO
NAME	SHOOP, JOHN C
STREET ADDRESS	1927 N.E. LAKEVIEW DR
CITY - ST - ZIP	SEBRING, FL 33870

TITLE	CD
NAME	BARBEN, ROBERT J
STREET ADDRESS	304 S DELANEY AVE
CITY - ST - ZIP	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2008

Date

(863) 385-8700

Daytime Phone #