2006 FOR PROFIT CORPORATION
AMENDED **ANNUAL REPORT**

02-27-2006 90053 011 ****61.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 13 PM 4:14

DOCUMENT # K02565

1. Entity Name
INDEPENDENT BANCSHARES, INC.

Principal Place of Business	Mailing Address
60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 32678	60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 34478

01312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2869407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNT, JOHN R 4970 SW 2ND COURT OCALA, FL 34474	Name: DENNIS M. CLARKE Street Address (P.O. Box Number is Not Acceptable): 60 SW 17TH STREET City: OCALA FL Zip Code: 34474

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: Dennis M Clarke 02/16/2006
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GADD, BILLY G 1147 SE 14TH ST OCALA, FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISNEY, DAVID PO BOX 34786 WINDERMERE FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DETERS, CHARLES H 2701 TURKEYFOOT RD. COVINGTON, KY 41017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, JOHN L. 6631 NW 73RD PLACE OCALA FL 34482	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLAUGHTER, LANFORD T DR 44 S.E. 16TH AVE. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, MICHAEL J. 1259 E SUNSET HARBOR ROAD WEIRSDALE, FL 32195	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELLINOR, ROBERT A 8166 SE 12TH CT OCALA, FL 34480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. KLUGGER, DEBORAH 3261 SE 31ST STREET OCALA FL 34471	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BAXLEY, DENNIS K~~ ~~702 SE 14TH AVE~~ ~~OCALA, FL 34471~~	☑ Delete DETERS, JCILEMY 2701 TURKEYFOOT ROAD COVINGTON KY 41017	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAFFORD FRANK 7220 SW 19TH AVE OCALA FL 34476	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAEKWAD, DIGVIJAY L 2319 SE 30TH PLACE OCALA, FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dennis M Clarke 2/16/2006 352-622-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #