


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90039 048 ***150.00

DOCUMENT # K02565	
1. Entity Name INDEPENDENT BANCSHARES, INC.	

Principal Place of Business 60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 32678	Mailing Address 60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 34478
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40126753 ✓



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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07042007 Chg-P CR2E034 (12/06)

City & State	City & State
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4. FEI Number 59-2869407	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARKE, DENNIS M 60 S.W. 17TH STREET OCALA, FL 34474	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	GADD, BILLY G
STREET ADDRESS	1147 SE 14TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> Delete
NAME	DETERS, CHARLES H
STREET ADDRESS	2701 TURKEYFOOT RD.
CITY-ST-ZIP	COVINGTON, KY 41017
TITLE	<input type="checkbox"/> Delete
NAME	SLAUGHTER, LANFORD T DR
STREET ADDRESS	44 S.E. 16TH AVE.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	<input type="checkbox"/> Delete
NAME	ELLINOR, ROBERT A
STREET ADDRESS	8166 SE 12TH CT
CITY-ST-ZIP	OCALA, FL 34480
TITLE	<input type="checkbox"/> Delete
NAME	DETERS, JEREMY
STREET ADDRESS	2701 TURKEYFOOT ROAD
CITY-ST-ZIP	COVINGTON, KY 41017
TITLE	<input type="checkbox"/> Delete
NAME	GAEKWAD, DIGVIJAY L
STREET ADDRESS	2319 SE 30TH PLACE
CITY-ST-ZIP	OCALA, FL 34471

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P JAMES, MARK A.
STREET ADDRESS	2272 LAUREL RUN DRIVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Dennis M. Clarke</i> DENNIS M. CLARKE, CFO	Date: 7/17/2007	Daytime Phone #: 352-671-5311
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ATTACHMENT

DOCUMENT # K02565 1. Entity Name INDEPENDENT BANCSHARES, INC.					
Principal Place of Business 60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 32678			Mailing Address 60 S.W. 17TH STREET P.O. BOX 2900 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07042007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2869407	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARKE, DENNIS M 60 S.W. 17TH STREET OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIZNEY, DAVID A. 609 LOUISE COVE DRIVE WINDERHURST, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETERS, CHARLES H 2701 TURKEYFOOT RD. COVINGTON, KY 41017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKEB, FRANK JR 7226 SW 18TH AVENUE ROAD OCALA, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, LANFORD T DR 44 S.E. 16TH AVE. OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PETERSON, JOHN L. 6631 NW 73RD PLACE OCALA, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLINOR, ROBERT A 8166 SE 12TH CT OCALA, FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLINOR, ROBERT A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETERS, JEREMY 2701 TURKEYFOOT ROAD COVINGTON, KY 41017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, MICHAEL J. 12595 SUNSET HARBOR ROAD WINDERSDALE, FL 32195	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAEKWAD, DIGVIJAY L 2319 SE 30TH PLACE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGER, DEBORAH A 2317 SE 22ND LOOP OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Dennis M. Clarke</u> DENNIS M. CLARKE, CFO 7/17/2007 352-671-5311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					