

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000098828

1. Entity Name  
HIGHLANDS INDEPENDENT BANCSHARES, INC.



Principal Place of Business  
2600 US HIGHWAY 27 NORTH  
SEBRING, FL 33870

Mailing Address  
2600 US HIGHWAY 27 NORTH  
SEBRING, FL 33870

**FILED  
Jan 28, 2004 08:00 AM  
Secretary of State**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0832435	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SHOOP, JOHN C  
1927 NE LAKEVIEW DRIVE  
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

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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

**10. OFFICERS AND DIRECTORS**

TITLE PDO  
NAME SHOOP, JOHN C  
STREET ADDRESS 1927 NE LAKEVIEW DRIVE  
CITY - ST - ZIP SEBRING, FL 33870

000000018185  
01/28/04-80125-010 150.00

TITLE CD  
NAME BARBEN, ROBERT J  
STREET ADDRESS 304 S. DELANEY AVE  
CITY - ST - ZIP AVON PARK, FL 33825

TITLE D  
NAME CREWS, ROBERT C  
STREET ADDRESS 475 LAKE LOTELA DR  
CITY - ST - ZIP AVON PARK, FL 33825

TITLE D  
NAME DAVIS, JOE L  
STREET ADDRESS 708 EAST MAIN ST  
CITY - ST - ZIP WAUCHULA, FL 33873

TITLE D  
NAME KOCK, EDWARD O JR  
STREET ADDRESS 1908 DELEON PLACE  
CITY - ST - ZIP SEBRING, FL 33870

TITLE D  
NAME PAHK, KYE C  
STREET ADDRESS 4017 LAFAYETTE AVE  
CITY - ST - ZIP SEBRING, FL 33872

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *John J. Stecay*

**Sr. Vice President**

**1/26/04**

**863-385-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #