


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDO SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BARBEN, ROBERT J 304 S. DELANEY AVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREWS, ROBERT C 475 LAKE LOTELA DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOE L 708 EAST MAIN ST WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCK, EDWARD O JR 1908 DELEON PLACE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAHK, KYE C 4017 LAFAYETTE AVE SEBRING, FL 33872

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000000018185
01/28/04-80125-010 150.00

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: 	Sr. Vice President	1/26/04	863-385-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #