2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P97000098828



THE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE PDO	1. Entity Name HIGHLANDS INDEPENDENT BANCSHARES, INC.								01-16-2007 9	90219 0)16 ***15	0.00
2500 US HIGHWAY 27 NORTH SEBRING, FL 33870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 01992007 Chg-P CR2E034 (12/08) Suite, Apt. #, etc. 01992007 Chg-P CR2E034 (12/08) Coy & State City & Stato 4. Fe incurber 65-0832435 Applied Fox 65-0832435 Appli	Principal Place of Business Mailing Address											
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City & State	2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Zep Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092007	Chg-P	CR2E	34 (12/06)		
The Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Addr	City & State			City & State								
SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870 City City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City City City City FL Zip Code City City City City City FL Zip Code City City City City City City City City FL Zip Code City	Zip			try	5. Certificate of Status Desired \$8.75 Additional					litional		
SHOOP, JOHN C 1027 NE LAKEVIEW DRIVE SEBRING, FL 33870 City City FL Zip Code 6. 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 January 9th, 2007 Signature income of registered agent and that supplicable in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ** January 9th, 2007 DATE January 9th, 2007 January 9th, 2007 January 9th, 20		⁻6. Name	and Address of Current I	Registered Agent			•	7. Name and	Address of New Re	gistered	Agent _	
SEERING, FL 33870 E. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. FILE NOWILL FEE 15 \$150.00 After May 1, 2007 Fee will be \$550.00 The Flory Name Park Plants Flory See Should for Park Park Plants Flory See Should for Park Park												ļ
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **Yound the obligations of the	. A	5.1		City							Zip Code	е
SIGNATURE John C. Shoop, President January 9th, 2007	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											
Spreadure hybrid or privided range of registrated agent and state if applicable (NOTE Registrated prevailable) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PDO SINCET ADDRESS CITY-ST-2P SIEDERING, FL 33870 ITILE BARBEN, ROBERT J SIECET ADDRESS SIREET ADD												
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CITY-ST-ZIP SEBRING, FL 33872 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	CITY-ST-ZIP	<u> </u>		in Ohana 115	Florida On the Control							

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rnerecy cereily must me information supplied with this integration of 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.

R. Todo Fost R. Touco Foster /863)385-8700