


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90219 016 \*\*\*150.00

<b>DOCUMENT # P97000098828</b>	
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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01092007 Chg-P CR2E034 (12/06)

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		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 John C. Shoop, President

January 9th, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDO SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BARBEN, ROBERT J 304 S. DELANEY AVE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FOSTER, TODD R 3526 BLACK JACK COURT LAKE WALES, FL 338986954 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Foster, R. Todd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4215 Bunker Drive Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOE L 708 EAST MAIN ST WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Davis, Joe L Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 322 Manley Road Wauchula, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCK, EDWARD O JR 1908 DELEON PLACE SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Koch, Edward O., Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1908 DeLeon PL. Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAHK, KYE C 4017 LAFAYETTE AVE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: *R. Todd Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Todd Foster

Date

Daytime Phone #

January 9, 2007 (863) 385-8700