

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 042 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202008 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			7. Name and Address of New Registered Agent		
SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870			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 <u>John C. Shoop, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>February 20, 2008</u> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDO NAME SHOOP, JOHN C STREET ADDRESS 1927 NE LAKEVIEW DRIVE CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME BARBEN, ROBERT J STREET ADDRESS 304 S. DELANEY AVE CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FOSTER, TODD R STREET ADDRESS 4215 BUNKER DRIVE CITY-ST-ZIP SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVIS, JOE L STREET ADDRESS 322 MANLEY ROAD CITY-ST-ZIP WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KOCK, EDWARD O JR STREET ADDRESS 1908 DELEON PLACE CITY-ST-ZIP SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete		TITLE D NAME Koch, Edward O Jr STREET ADDRESS 1908 Deleon Place CITY-ST-ZIP Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3rd Request Please note change in last name spelling	
TITLE D NAME PAHK, KYE C STREET ADDRESS 4017 LAFAYETTE AVE CITY-ST-ZIP 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 another like empowered.					
SIGNATURE:			R. Todd Foster		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Feb 21, 2008</u> (863) 385-8700 <small>Daytime Phone #</small>		