


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90004 010 \*\*\*550.00

<b>DOCUMENT # P98000050368</b> 1. Entity Name <b>HILLSBORO BANK</b>					
Principal Place of Business <b>509 W ALEXANDER ST PLANT CITY, FL</b>			Mailing Address <b>509 W ALEXANDER ST PLANT CITY, FL</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33563</b> Country		Zip <b>33563</b> Country		4. FEI Number <b>59-3491132</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AZORIN, ANTONIO C</b> <b>6704 PEMBERTON OAKS CT</b> <b>SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOOTHE, GARY L</b> <b>308 W JOHNSON RD</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL, RONALD D</b> <b>PO BOX 253-2205 PRESERVATION DRIVE</b> <b>PLANT CITY, FL 33564</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARKALA, DOROTHY H</b> <b>2704 WEDGEWOOD DR</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUELLER, WILLIAM A JR</b> <b>1707 W. REYNOLDS ST.</b> <b>PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, BRYAN M JR</b> <b>P.O. BOX 1283</b> <b>PLANT CITY, FL 33564</b>	<input type="checkbox"/> Delete			
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: <i>Pamela C. Warnock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <b>5/20/04</b>			Daytime Phone # <b>813-707-6506</b>		

Continuation of Item 10

*Attachment*

44046141

#P98000050368

Title D  
Name Michael S. Sparkman  
Street Address 2106 N. Golfview Dr.  
City-ST-Zip Plant City, Fl. 33567

Title D  
Name Donald K. Stine  
Street Address 2812 John Moore Rd.  
City-ST-Zip Brandon, Fl. 33511

Title D  
Name A. H. Varnum  
Street Address 11930 Walter Hunter Rd.  
City-ST-Zip Lithia, Fl. 33547

Title S  
Name Pamela C. Warnock  
Street Address 4615 Cork Rd.  
City-ST-Zip Plant City, Fl. 33565