


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90047 010 \*\*\*150.00

<b>DOCUMENT # P98000050368</b> 1. Entity Name <b>HILLSBORO BANK</b>					
Principal Place of Business <b>509 W ALEXANDER ST PLANT CITY, FL 33563</b>			Mailing Address <b>509 W ALEXANDER ST PLANT CITY, FL 33563</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-3491132</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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      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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</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> <input type="checkbox"/> Delete <b>AZORIN, ANTONIO C</b> <b>6704 PEMBERTON OAKS CT</b> <b>SEFFNER, FL 33584</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOOTHE, GARY L</b> <b>308 W JOHNSON RD</b> <b>PLANT CITY, FL 33567</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2711 Forest Club Dr.</b> <b>Plant City, FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DANIEL, RONALD D</b> <b>PO BOX 253-2205 PRESERVATION DRIVE</b> <b>PLANT CITY, FL 33564</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2205 Preservation Dr.</b> <b>Plant City, FL 33566-0951</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HARKALA, DOROTHY H</b> <b>2704 WEDGEWOOD DR</b> <b>PLANT CITY, FL 33567</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MUELLER, WILLIAM A JR</b> <b>1707 W. REYNOLDS ST.</b> <b>PLANT CITY, FL 33566</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, BRYAN M JR</b> <b>P.O. BOX 1283</b> <b>PLANT CITY, FL 33564</b>		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 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.					
<b>SIGNATURE:</b> <i>Pamela C. Warnock</i>			<i>Pamela C. Warnock</i> SUP/COO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/9/05</b> Daytime Phone # <b>813-707-6506</b>		

# ATTACHMENT

40017777  
# P98000050368

Continuation of Item 10

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