

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 846652**

1. Entity Name  
**ESCAMBIA COUNTY BANK, INCORPORATED**



Principal Place of Business

P.O. BOX 601  
RINGOLD AT PALAFOX  
FLOMATON, AL 36441

Mailing Address

P.O. BOX 601  
RINGOLD AT PALAFOX  
FLOMATON, AL 36441



02282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **63-0068160** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUCKEY, R.J. JR.  
750 BRIGGS BLVD.  
CENTURY, FL 32535

**DO NOT WRITE  
IN THIS SPACE**

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

*R. J. Stuckey*  
Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/2004  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

00000094592  
03/31/04-80012-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	JONES, JAMES R.
STREET ADDRESS	89 RED MAPLE DR, BOX 594
CITY - ST - ZIP	FLOMATON, AL
TITLE	DV
NAME	SCOTT, NETTIE
STREET ADDRESS	203 STATELINE ROAD
CITY - ST - ZIP	FLOMATON, AL
TITLE	DVS
NAME	MCCUTCHIN, CHARLES J.
STREET ADDRESS	3859 OLD ATMORE ROAD
CITY - ST - ZIP	FLOMATON, AL
TITLE	DV
NAME	DEWITT, WALTER A.
STREET ADDRESS	222 RED MAPLE DR
CITY - ST - ZIP	FLOMATON, AL
TITLE	V
NAME	JOHNSON, REBECCA C
STREET ADDRESS	609 PINEVIEW CEMETERY ROAD
CITY - ST - ZIP	BREWTON, AL 36426
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2004

Date

251.296.5358

Daytime Phone #