


**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      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



02282004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**63-0068160**      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. Stuckey*      DATE: 3/29/2004

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**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

UN0000093592  
 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: *James R. Jones*      DATE: 3/29/2004      DAYTIME PHONE #: 251.296.5358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR