

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	
2. Principal Place of Business 2151 Ringold Street		3. Mailing Address Suite, Apt. #, etc.	
City & State Flomaton AL		City & State City, State, Zip, Country	
Zip 36441		Country	
4. FEI Number 63-0068160		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 STUCKEY, R.J. JR. 750 BRIGGS BLVD. CENTURY, FL 32535		7. Name and Address of New Registered Agent 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 R.J. Stuckey, Jr. July 5, 2005 <small>Signature subject to printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JONES, JAMES R. 89 RED MAPLE DR, BOX 594 FLOMATON, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCOTT, NETTIE 203 STATELINE ROAD FLOMATON, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV'S MCCUTCHIN, CHARLES J. 3859 OLD ATMORE ROAD FLOMATON, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEWITT, WALTER A. 222 RED MAPLE DR FLOMATON, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, REBECCA C 609 PINEVIEW CEMETERY ROAD BREWTON, AL 36426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hendricks, George 3023 Hendricks Emmons Road Brewton AL <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 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: July 5, 2005 Daytime Phone #: 251.296.5356	