

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-26-2007 90048 017 \*\*\*150.00  
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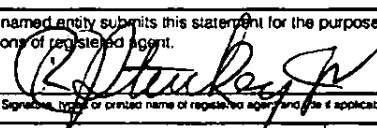
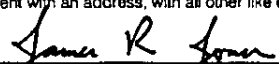
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01312007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 846652</b>			
1. Entity Name <b>ESCAMBIA COUNTY BANK, INCORPORATED</b>			
Principal Place of Business <b>2151 RINGOLD STREET FLOMATON, AL 36441</b>		Mailing Address <b>P.O. BOX 601 RINGOLD OF PALAFOX FLOMATON, AL 36441</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 601</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2151 Ringold Str.</b>	
City & State		City & State <b>Floamatn, AL</b>	
Zip	Country	Zip	Country
<b>36441</b>		<b>36441</b>	
4. FEI Number <b>63-0068160</b>		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		7. Name and Address of New Registered Agent	
<b>STUCKEY, R.J. JR. 750 BRIGGS BLVD. CENTURY, FL 32535</b>		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 		DATE <b>2/22/07</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	D SCOTT, NETTIE 203 STATELINE ROAD FLOMATON, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS 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 809 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 exemptions contained in Chapter 119, 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: 		DATE <b>2/22/07</b> (251) 296-5354	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	