

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846652

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: ESCAMBIA COUNTY BANK, INCORPORATED

**Current Principal Place of Business:**

2151 RINGOLD STREET  
FLOMATON, AL 36441

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 601  
2151 RINGOLD ST  
FLOMATION, AL 36411

**New Mailing Address:**

FEI Number: 63-0068160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCANN II, WILLIAM A  
1501 WEST HIGHWAY 4  
CENTURY, FL 32535      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: JONES, JAMES R  
Address: 89 RED MAPLE DR, BOX 594  
City-St-Zip: FLOMATON, AL

Title: D ( ) Delete  
Name: SCOTT, NETTIE  
Address: 203 STATELINE ROAD  
City-St-Zip: FLOMATON, AL

Title: DVS ( ) Delete  
Name: MCCUTCHIN, CHARLES J  
Address: 3859 OLD ATMORE ROAD  
City-St-Zip: FLOMATON, AL

Title: DV ( ) Delete  
Name: DEWITT, WALTER A  
Address: 222 RED MAPLE DR  
City-St-Zip: FLOMATON, AL

Title: V ( ) Delete  
Name: HENDRICKS, GEORGE  
Address: 3023 HENDRICKS EMMONS ROAD  
City-St-Zip: BREWTON, AL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. R. JONES

Electronic Signature of Signing Officer or Director

PRES

03/05/2009

\_\_\_\_\_ Date