


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**


02-20-2006 90040 008 \*\*\*150.00  
846652

<b>DOCUMENT # 846652</b> 1. Entity Name <b>ESCAMBIA COUNTY BANK, INCORPORATED</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**06 FEB 24 AM 8:27**  
**60010010 STATE**  
**ALL STATE, FLORIDA**



01052006 No Chg-P CR2E034 (11/05)


4. FEI Number <b>63-0068160</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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:  DATE: **2/8/06**

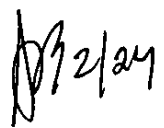
Signed, written or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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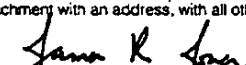
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC JONES, JAMES R 89 RED MAPLE DR, BOX 594 FLOMATON, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DX SCOTT, NETTIE 203 STATELINE ROAD FLOMATON, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MCCUTCHIN, CHARLES J 3859 OLD ATMORE ROAD FLOMATON, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DEWITT, WALTER A 222 RED MAPLE DR FLOMATON, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, REBECCA C 609 PINEVIEW CEMETERY ROAD BREWTON, AL 36426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HENDRICKS, GEORGE 3023 HENDRICKS EMMONS ROAD BREWTON, AL

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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:  President James R. Jones DATE: **2/8/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR