

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 846652
1. Entity Name
ESCAMBIA COUNTY BANK, INCORPORATED



Principal Place of Business
2151 RINGOLD STREET
FLOMATON, AL 36441

Mailing Address
P.O. BOX 601
RINGOLD OF PALAFOX
FLOMATON, AL 36441

DO NOT WRITE IN THIS SPACE

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



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0068160	Applied For 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**

**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:  DATE: 2/8/06

Signature and printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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	DK 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 36428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HENDRICKS, GEORGE 3023 HENDRICKS EMMONS ROAD BREWTON, AL

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2/24

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #