02-26-2007 90048 017 ***150.00
846652

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 846652

1. Entity Name
ESCAMBIA COUNTY BANK, INCORPORATED

FILED
07 MAR -7 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400233650

01312007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2151 RINGOLD STREET FLOMATON, AL 36441	P.O. BOX 601 RINGOLD OF PALAFOX FLOMATION, AL 36441

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 601
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2151 Ringold St.
City & State	City & State Flomaton, AL
Zip / Country	Zip 36441 / Country

4. FEI Number 63-0068160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUCKEY, R.J. JR. 750 BRIGGS BLVD. CENTURY, FL 32535	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 2/22/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ SCOTT, NETTIE 203 STATELINE ROAD FLOMATON, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS MCCUTCHIN, CHARLES J 3859 OLD ATMORE ROAD FLOMATON, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2/23/8	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DEWITT, WALTER A 222 RED MAPLE DR FLOMATON, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, REBECCA C 609 PINEVIEW CEMETERY ROAD BREWTON, AL 36426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HENDRICKS, GEORGE 3023 HENDRICKS EMMONS ROAD BREWTON, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: James R Jones 2/22/07 (251)296-5356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #