


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005089 1. Entity Name ESCAMBIA GAS PRODUCERS, INC.	
---	---

Principal Place of Business 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104	Mailing Address 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104
---	---



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3339438	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

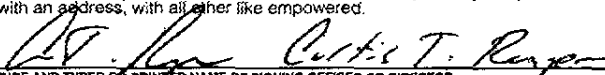
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000157889
05/06/04-80048-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSON, GERARD M 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANGER, CURTIS T 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALE, SUSAN M 2000 2ND AVE DETROIT, MI 48226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCCARGAR, KENT L 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLEY, ANTHONY F JR 2000 2ND AVE DETROIT, MI 48226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOR, DAVID E 2000 2ND AVE. DETROIT, MI 48226

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/6/04** **800-216-3334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #