## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2006 8:00 am Secretary of State **DOCUMENT #F98000005089** 04-11-2006 90116 006 \*\*\*150 00 ESCAMBIA GAS PRODUCERS, INC. Mailing Address Principal Place of Business 60026835 425 SOUTH MAIN STREET, SUITE 201 425 SOUTH MAIN STREET, SUITE 201 ANN ARBOR, MI 48104 ANN ARBOR, MI 48104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03202006 Chg-P Applied For City & State City & State 4. FEI Number 38-3339438 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE ☐ Change ☐ Addition ANDERSON, GERARD M NAME NAME 425 SOUTH MAIN STREET, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48104 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition RANGER, CURTIS T NAME NAME 425 SOUTH MAIN STREET, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48104 CITY-ST-ZIP Delete TITLE TITLE Director ☐ Change X Addition NAME BEALE, SUSAN M NAME Sandra Kay Ennis STREET ADDRESS STREET ADDRESS 2000 2ND AVE 2000 Second Avenue CITY-ST-ZIP DETROIT, MI 48226 CITY-ST-ZIP Detroit, MI 48226 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition RIGBY, MARK NAME NAME 414 SOUTH MAIN STREET SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48104 CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE ☐ Addition EARLEY, ANTHONY F JR NAME 2000 2ND AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP DETROIT, MI 48226 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEADOR, DAVID E NAME STREET ADDRESS 2000 2ND AVE. STREET ADDRESS CITY-ST-ZIP DETROIT, MI 48226 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Curtis T. Ranger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

<u>3/21/06</u>

Date