

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068828

FILED
Apr 21, 2006
Secretary of State

Entity Name: ESCAMBIA RIVER RURAL SERVICES, INC.

Current Principal Place of Business:

3425 HWY 4 W
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

3425 HWY 4 W
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3219530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, CLAY
3425 HWY 4 W
JAY, FL 32565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIAMOND, JOHN M
Address: 12778 HWY 197
City-St-Zip: JAY, FL 325659636

Title: D () Delete
Name: COON, WILLIAM P
Address: 3510 SANDY HOLLOW RD.
City-St-Zip: CENTURY, FL 325352518

Title: DST () Delete
Name: LOCKLIN, RADFORD JR
Address: 15451 MUNSON HWY
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: WESTMORELAND, DALE
Address: P. O. BOX 424
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: HALL, JAMES E
Address: 5081 HWY 164
City-St-Zip: MC DAVID, FL 32568

Title: D () Delete
Name: MCARTHUR, E. CAL
Address: 5525 OLD POLLARD RD
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY R. CAMPBELL

CEO

04/21/2006

Electronic Signature of Signing Officer or Director

Date