

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068828

FILED
Feb 20, 2008
Secretary of State

Entity Name: ESCAMBIA RIVER RURAL SERVICES, INC.

Current Principal Place of Business:

3425 HWY 4 W
JAY, FL 32565 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 428
JAY, FL 32565 US

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 US

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

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

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

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

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

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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City-St-Zip:

Title: () Change () Addition
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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 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

Electronic Signature of Signing Officer or Director

CEO

02/20/2008

_____ Date