

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068828

FILED  
Mar 25, 2009  
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 (X) Delete  
Name: WESTMORELAND, DALE  
Address: P O BOX 424  
City-St-Zip: JAY, FL 32565 US

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

Title: D (X) 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: DVP (X) Change ( ) Addition  
Name: WALKER, SAMUEL  
Address: 3241 LAMBERT BRIDGE RD  
City-St-Zip: MCDAVID, FL 32568 US

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

Title: ( ) Change ( ) Addition  
Name:  
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 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

03/25/2009

Electronic Signature of Signing Officer or Director

Date