

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000029082

1. Entity Name

ESCAMBIA, INC.



FILED

Apr 28, 2006 08:00 AM
Secretary of State



Principal Place of Business

8900 WEST HIGHWAY 98
PENSACOLA FL 32507

Mailing Address

P O BOX 3256
PENSACOLA FL 32519
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3230750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, MICHAEL A
8900 HWY. 98 W.
PENSACOLA FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME BLANTON, MICHAEL A
STREET ADDRESS 8900 WEST HWY. 98
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ST Delete
NAME BLANTON, MARSHA S.
STREET ADDRESS 8900 WEST HWY. 98
CITY-ST-ZIP PENSACOLA FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000545541 Change Add
05/11/06-80081-007 150.00

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: *Marsha S. Blanton* Marsha S. Blanton 4/24/06 850-456-6631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #