

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 009 ***150.00

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03062006 Chg-P CR2E034 (11/05)

DOCUMENT # F02000004950			
1. Entity Name REBSAMEN INSURANCE, INC.			
Principal Place of Business 1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202		Mailing Address PO BOX 3198 LITTLE ROCK, AR 72203	
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 71-0621654		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD HILL, JAMES R 1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Bennett 6200 Poplar Avenue, Memphis, TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGFELLOW, WILLIAM R 10 HAYFIELD ROAD LITTLE ROCK, AR 72207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gail Boland 6200 Poplar Ave., Memphis, TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STSV STYLES, JOEL R 1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Denise Thomason 6200 Poplar Ave., Memphis, TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLOVER, PAT 588 DODSON LANE RUSSELLVILLE, AR 72802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCED STONE, FRED B 1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOWLIN, DAVID L 6200 POPLAR AVENUE MEMPHIS, TN 3811S <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <u>Joel R. Styles</u>		Joel R. Styles, Senior Vice President 3/6/06 501-660-7140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

60024737
#F0200004957

LAW OFFICES

**MITCHELL, WILLIAMS,
SELIG, GATES & WOODYARD, P.L.L.C.**

425 WEST CAPITOL AVENUE, SUITE 1800
LITTLE ROCK, ARKANSAS 72201-3525
TELEPHONE 501-688-8800
FAX 501-688-8807

5414 PINNACLE POINT DRIVE, SUITE 500
ROGERS, ARKANSAS 72758-8131
TELEPHONE 479-464-5650
FAX 479-464-5680

WRITER'S DIRECT DIAL
501-370-4230

April 5, 2006

JOHN K. BAKER
W. CHRISTOPHER BARRIER
SHERRY P. BARTLEY
STEVE BAUMAN
R. T. BEARD, III
C. DOUGLAS BUFORD, JR.
FREDERICK K. CAMPBELL¹
MICHELLE H. CAULEY
CHARLES B. CLIETT, JR.²
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DOAK FOSTER¹
BYRON FREELAND
ALLAN GATES¹
KATHLYN GRAVES
JACK D. GRUNDFEST³
HAROLD W. HAMLIN
JEFFREY W. HATFIELD
L. KYLE HEFFLEY
DONALD H. HENRY
HERMANN IVESTER⁴
M. SAMUEL JONES III
JOHN ALAN LEWIS
WALTER E. MAY
LANCE R. MILLER
STUART P. MILLER
T. ARK MONROE, III⁵
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LYN P. PRUITT
CHRISTOPHER T. ROGERS
JOHN S. SELIG
LEIGH ANNE SHULTS
JEFFREY L. SINGLETON
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STAN D. SMITH
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BRIAN HYNEMAN
SHAWN J. JOHNSON
MARGARET A. JOHNSTON
DAVID L. JONES
TONY JUNEAU
TAMLA J. LEWIS
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LANEY GOSSETT MCCONNELL
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RICHARD A. WILLIAMS, P.A.

¹ ALSO ADMITTED IN DISTRICT OF COLUMBIA
² ALSO ADMITTED IN COLORADO
³ ALSO ADMITTED IN THE U.S. PATENT
AND TRADEMARK OFFICE
⁴ ALSO ADMITTED IN TEXAS
⁵ ALSO ADMITTED IN ARIZONA AND TEXAS
⁶ ALSO ADMITTED IN NEW YORK
⁷ ADMITTED IN TEXAS ONLY
ALL OTHERS ADMITTED IN ARKANSAS

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2006 for Profit Corporation Annual Report - Rebsamen Insurance, Inc.

Ladies and Gentlemen:

Enclosed are the original and one copy of the 2006 For Profit Corporation Annual Report for the above-referenced corporation, along with our firm check in the amount of \$150.00 to cover the filing fee. Please return a file-stamped copy to me in the enclosed envelope.

Thank you for your assistance concerning this matter.

Very truly yours,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By

Tracy Bruce

Tracy Bruce, CLA
Certified Paralegal

/tb
Enclosure

cc: Mr. Joel R. Styles (w/enc.)