


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004913 1. Entity Name BANK OF THE OZARKS	
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Principal Place of Business 12615 CHENAL PARKWAY LITTLE ROCK, AR 72211	Mailing Address P.O. BOX 8811 LITTLE ROCK, AR 72231-8811
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02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0130170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

100000267909  
 03/18/05-80022-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASTINGS, SCOTT 12615 C HENEL PKWY LITTLE ROCK, AR 72211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLIAM, KYLE 12615 C HENEL PKWY LITTLE ROCK, AR 72211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GLEASON, GEORGE G P.O. BOX 8811 LITTLE ROCK, AR 72231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEASON, LINDA D 126 HICKORY CREEK CIRCLE LITTLE ROCK, AR 72212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLARD, PORTER P.O. BOX 244 OZARK, AR 72949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MARK D P.O. BOX 8811 LITTLE ROCK, AR 752238811

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of justice 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:  **GREG L. MCKINNEY** SUP/CONTROLLER Date **3/11/05** Daytime Phone # **501-978-138**