

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State



DOCUMENT # F04000004913
 1. Entity Name
BANK OF THE OZARKS

Principal Place of Business Mailing Address
12615 CHENAL PARKWAY **P.O. BOX 8811**
LITTLE ROCK AR 72211 **LITTLE ROCK AR 72231-8811**

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 **71-0130170** Applied For Not Applied For
 5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent
 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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HASTINGS, SCOTT
STREET ADDRESS	12615 C HENEL PKWY
CITY-ST-ZIP	LITTLE ROCK AR 72211
TITLE	V <input type="checkbox"/> Delete
NAME	GILLIAM, KYLE
STREET ADDRESS	12615 C HENEL PKWY
CITY-ST-ZIP	LITTLE ROCK AR 72211
TITLE	CD <input type="checkbox"/> Delete
NAME	GLEASON, GEORGE G
STREET ADDRESS	P.O. BOX 8811
CITY-ST-ZIP	LITTLE ROCK AR 72231
TITLE	D <input type="checkbox"/> Delete
NAME	GLEASON, LINDA D
STREET ADDRESS	126 HICKORY CREEK CIRCLE
CITY-ST-ZIP	LITTLE ROCK AR 72212
TITLE	D <input type="checkbox"/> Delete
NAME	HILLARD, PORTER
STREET ADDRESS	P.O. BOX 244
CITY-ST-ZIP	OZARK AR 72949
TITLE	D <input type="checkbox"/> Delete
NAME	ROSS, MARK D
STREET ADDRESS	P.O. BOX 8811
CITY-ST-ZIP	LITTLE ROCK AR 75223-8811

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/13/06-80045-005 150.00

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 reports 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: *[Signature]* *SVP/ Controller* *1/27/06* *501/978/158*