## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # F04000004913  1. Entity Name BANK OF THE OZARKS				04-30	0-2007 90409 018 ***150.	00	
Principal Place of Business 12615 CHENAL PARKWAY LITTLE ROCK, AR 72211		Mailing Address P.O. BOX 8811 LITTLE ROCK, AR 72231-8811			1870 8800 8800 8200 8100 1310 WHEN WINDE	<b>}!  ■</b> ■	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 71-0130170	Applie Not Ar	d For	
Zip	Country Zip C		Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of			
			Name	***************************************			
NRAI SERVICES, INC. 2731 EXECUITVÉ PARK DR STE 4 WESTON, FL 33331			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			444				
			City		FL Zip Code		
8. The above the obligat	e named entity submits this statement t tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the Sta	te of Florida. I am familiar with, and	accept	
SIGNATURE.	Signature, typed or printed name of registered agen	at and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstaling)	DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont		55.00 May Be dded to Fees			
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	11	
TITLE	P	☐ Delete	TITLE		☐ Change	Addition	
NAME	HASTINGS, SCOTT		NAME				
STREET ADDRESS	12615 C HENEL PKWY		STREET ADDRESS				
CITY-ST-ZIP	LITTLE ROCK, AR 72211		CITY-ST-ZIP				
TITLE NAME	V GILLIAM, KYLE	Delete	TITLE		☐ Change	] Addition	
STREET ADDRESS	12615 C HENEL PKWY		NAME STREET ADDRESS				
CITY-ST-ZIP	LITTLE ROCK, AR 72211		CITY-ST-ZIP				
TITLE	CD	☐ Delete	TITLE		☐ Change	Addition	
NAME.	GLEASON, GEORGE G		NAME				
STREET ADDRESS	P.O. BOX 8811		STREET ADDRESS	~.			
CITY-ST-ZIP	LITTLE ROCK, AR 72231		CITY-ST-ZIP				
TITLE	D CLEASON LINDA D	☐ Delete			Change [	Addition	
NAME STREET ADDRESS	GLEASON, LINDA D		NAME				
CINCEL MEDIAL CO.	126 HICKORY OREEK CIRCLE		CIDELL ADDRESS				
CHTY-ST-ZIP	126 HICKORY CREEK CIRCLE LITTLE ROCK, AR 72212		STREET ADDRESS CITY+ST-ZIP				
CITY-ST-ZIP TITLE				M-F-day-	☐ Channe ☐	Addition	
<b></b>	LITTLE ROCK, AR 72212	Dolete	CITY+ST-ZIP	4-4-4	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS	D HILLARD, PORTER P.O. BOX 244		CITY+SI-ZIP  TITLE  NAME  STREET ADDRESS	W ****	☐ Change ☐	] Addition	
TITLE NAME	LITTLE ROCK, AR 72212 D HILLARD, PORTER		CITY-ST-ZIP  TITLE  NAME		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LITTLE ROCK, AR 72212  D HILLARD, PORTER P.O. BOX 244 OZARK, AR 72949 D		CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE			Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LITTLE ROCK, AR 72212  D HILLARD, PORTER P.O. BOX 244 OZARK, AR 72949  D ROSS, MARK D	Delete	CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LITTLE ROCK, AR 72212  D HILLARD, PORTER P.O. BOX 244 OZARK, AR 72949 D	Delete	CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE				

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: \_

SIGNATURE AND TYPED TO RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 501-4-180