

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 815561

1. Entity Name
J.B. IVEY & COMPANY



Principal Place of Business
**1600 CANTRELL RD.
P.O. BOX 486
LITTLE ROCK, AR 72203**

Mailing Address
**1600 CANTRELL RD.
P.O. BOX 486
LITTLE ROCK, AR 72203**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0277120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000548082
05/12/06-80047-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DILLARD, WILLIAM II
STREET ADDRESS	1600 CANTRELL RD.
CITY-ST-ZIP	LITTLE ROCK, AR

TITLE	VD
NAME	DILLARD, ALEX
STREET ADDRESS	1600 CANTRELL RD.
CITY-ST-ZIP	LITTLE ROCK, AR

TITLE	VSD
NAME	SCHROEDER, PAUL J JR.
STREET ADDRESS	1600 CANTRELL RD
CITY-ST-ZIP	LITTLE ROCK, AR

TITLE	AS
NAME	FREEMAN, JAMES I
STREET ADDRESS	1600 CANTRELL RD
CITY-ST-ZIP	LITTLE ROCK, AR

TITLE	VPTS
NAME	WISE, SHERRILL
STREET ADDRESS	1600 CANTRELL RD
CITY-ST-ZIP	LITTLE ROCK, AR 72201

TITLE	AS
NAME	NELSON, STEVE
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR

**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip K. Watts 4/28/06 501 376 5544
Date Daytime Phone #