

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90063 035 ***150.00

DOCUMENT # F00000004988

1. Entity Name
BUDGETEXT CORPORATION



Principal Place of Business
**P.O. BOX 1487
FAYETTEVILLE, AR 72702-1487**

Mailing Address
**P.O. BOX 1487
FAYETTEVILLE, AR 72702-1487**

50009882



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0654575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERS, STERLING P
13601 PERDIDO KEY DR #1-15B
PENSACOLA, FL 32507**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MICHAEL, HANSEN
STREET ADDRESS	1936 N. SHILOH
CITY-ST-ZIP	FAYETTEVILLE, AR 72704
TITLE	C
NAME	ANDERS, STERLING P
STREET ADDRESS	13601 PERDIDO KEY DR., #1-15B
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	ST
NAME	ANDERS, KAY Z
STREET ADDRESS	13601 PERDIDO KEY DR., #1-15B
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	CFO
NAME	Jeffery A. Williams
STREET ADDRESS	1936 N. Shiloh
CITY-ST-ZIP	Fayetteville, AR 72704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Date

Daytime Phone #

1/20/05

479-681-7320