


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000004950</b> 1. Entity Name <b>REBSAMEN INSURANCE, INC.</b>	
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Principal Place of Business <b>1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202</b>	Mailing Address <b>PO BOX 3198 LITTLE ROCK, AR 72203</b>
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**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0621654</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC MCDOWELL, ALLEN J 5455 SCENIC DRIVE LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRINGFELLOW, WILLIAM R 10 HAYFIELD ROAD LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOGG, LINDA 1817 RIVER HEIGHTS LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GLOVER, PAT 588 DODSON LANE RUSSELLVILLE, AR 72802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASKEW, WILLIAM E 3708 WIMBLETON LANE BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEISCHAUER, JACK JR. 2116 NORTH SPRUCE LITTLE ROCK, AR 72207

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: William R. Stringfellow 3/22/04 501-661-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
William R. Stringfellow