2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000000609

1. Entity Name
HIGBEE DEVELOPMENT CO., INC.

Principal Place of Business	Mailing Address
1600 CANTRELL ROAD LITTLE ROCK, AR 72201	1600 CANTRELL ROAD LITTLE ROCK, AR 72201

DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1167862
☐ Applied For
☐ Not Applicable

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

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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)

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

000000548080
05/12/06-80047-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DILLARD, WILLIAM II
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	DVP
NAME	DILLARD, ALEX
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	DVPS
NAME	SCHROEDER, PAUL J JR
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	DVPS
NAME	FREEMAN, JAMES I
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	VPTA
NAME	WISE, SHERRILL E
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	VP
NAME	CHERRY, JAMES W JR
STREET ADDRESS	1600 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72201

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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: Phillip R. Watts 4/28/06 501 376 5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #