

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000003764

1. Entity Name  
CONSTRUCTION MANAGEMENT SERVICES OF  
ARKANSAS, INC.



Principal Place of Business  
216 LOUISIANA  
LITTLE ROCK, AR 72201

Mailing Address  
P.O. BOX 2596  
LITTLE ROCK, AR 72203



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
71-0712991

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VRATSINAS, GU MICHEAL 69 PINEHURST CIRCLE LITTLE ROCK, AR 72212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEY, SAM KHAMIA 54 CHENAL CIRCLE LITTLE ROCK, AR 72211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMOSS, JAMES EDWARD 25 CEDAR LAKE DRIVE SHERIDAN, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BALLEY, ROBERT BRIAN 36 LINDULAKA ROAD CABOT, AR 72023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOHNSON, WILLIAM JEFFRE 123 TURNBERRY CIRCLE CARROLLTON, GA 30116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ALLEY, ESSE KHAMIS 31 BRELAGNE CIRCLE LITTLE ROCK, AR 72211

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04/19/04-80117-007 158.75

**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 #

*Robert B. Bailey* **BAILEY, ROBERT BRIAN** CFO 4/12/04 501-370-4782