

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 013 ***150.00

DOCUMENT # F04000004679

1. Entity Name
APPLIED CONTROL TECHNOLOGY, INC.



Principal Place of Business
**1225 L.E. GILLILAND DRIVE
TEXARKANA, AR 71854**

Mailing Address
**P.O. BOX 407
TEXARKANA, AR 71854**

40080038



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0623517

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**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CORCORAN, DUANE #5 HILLCREST TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS YORK, TOM 6616 LAKERIDGE DRIVE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HILL, MARK 210 REX HOOKS, TX 75561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLON, DON 6701 LAKERIDGE DRIVE TEXARKANA, TX 75503
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 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

Date

Daytime Phone #

Mark Hill **Mark Hill** *UP/CEO* **4/23/06** **870.772.1990**