2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000958

1. Entity Name
CRAFTON, TULL, SPARKS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
901 N. 47TH STREET, STE. 200 ROGERS, AR 72756	10825 FINANCIAL CENTRE PARKWAY, STE. 300 LITTLE ROCK, AR 72211

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02212008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

4. FEI Number	Applied For
71-0393591	Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL	Zip Code

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PC	☐ Delete	TITLE	VP	☐ Change	☒ Addition
NAME	HOPPER, TOM		NAME	Jones, Kenneth L		
STREET ADDRESS	901 N. 47TH STREET, STE. 200		STREET ADDRESS	10825 Financial Center Pkway, Suite 300		
CITY-ST-ZIP	ROGERS, AR 72756		CITY-ST-ZIP	Little Rock, AR 72211		
TITLE	VP	☐ Delete	TITLE	VP	☐ Change	☒ Addition
NAME	KELSO, JERRY		NAME	Swearingen, David		
STREET ADDRESS	901 N. 47TH STREET, STE. 200		STREET ADDRESS	901 N. 47th St. Suite 200		
CITY-ST-ZIP	ROGERS, AR 72756		CITY-ST-ZIP	Rogers, AR 72756		
TITLE	VD	☐ Delete	TITLE	VP	☒ Change	☐ Addition
NAME	HAGEN, PHILLIP E		NAME	Hagen, Phillip E		
STREET ADDRESS	235 NORTH MACARTHUR BLVD		STREET ADDRESS	235 North Macarthur Blvd		
CITY-ST-ZIP	OKLAHOMA CITY, OK 73127		CITY-ST-ZIP	Oklahoma City, OK 73127		
TITLE	S	☐ Delete	TITLE	VP	☐ Change	☒ Addition
NAME	CRAFTON, MATT		NAME	Mitchell, Charles		
STREET ADDRESS	901 N. 47TH STREET, STE. 200		STREET ADDRESS	220 E. 8th St.		
CITY-ST-ZIP	ROGERS, AR 72756		CITY-ST-ZIP	Tulsa, OK 74119		
TITLE	T	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TULL, JAMES		NAME			
STREET ADDRESS	901 N. 47TH STREET, STE. 200		STREET ADDRESS			
CITY-ST-ZIP	ROGERS, AR 72756		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SPARKS, GARY		NAME			
STREET ADDRESS	1717 SO. BOULDER, SUITE 900		STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74119		CITY-ST-ZIP			

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: _____ JERRY KELSO 2/21/08 664-3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #