

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # F05000003111

1. Entity Name
PINNACLE BUSINESS SOLUTIONS, INC.



Principal Place of Business
**515 W. PERSHING BLVD.
NORTH LITTLE ROCK, AR 72114**

Mailing Address
**515 W. PERSHING BLVD.
NORTH LITTLE ROCK, AR 72114**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0111456

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ALLEN, SHARON K
STREET ADDRESS	601 GAINES ST.
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	VC
NAME	WHITE, MARK
STREET ADDRESS	601 GAINES ST.
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	D
NAME	ROBINSON GARDNER, DORRIS
STREET ADDRESS	875 WILLIAMS BLVD #1705
CITY-ST-ZIP	RIDGELAND, MS 39157
TITLE	D
NAME	BLAKELY, CAROLYN
STREET ADDRESS	2105 MT. VERNON COURT
CITY-ST-ZIP	PINE BLUFF, AR 71603
TITLE	P
NAME	ROBERTSON, DENNIS
STREET ADDRESS	515 W. PERSHING BLVD.
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72114
TITLE	VP
NAME	FAVORS, REGINA H
STREET ADDRESS	515 W. PERSHING BLVD.
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72114

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04/04/07-80076-025 150.00

**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 an other like empowered.

SIGNATURE **Dan Bloodworth**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/07

Date

501-210-9200

Daytime Phone #