

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000005751

1. Entity Name
BLACK, CORLEY, OWENS & HUGHES, P.A.



Principal Place of Business

219 W SOUTH STREET
BENTON, AR 72015

Mailing Address

219 W SOUTH STREET
BENTON, AR 72015



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0566949
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)

U00000871078
04/09/08 00116 000 150.00
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

TITLE	P
NAME	CORLEY, JOHN A III
STREET ADDRESS	219 W SOUTH STREET
CITY-ST-ZIP	BENTON, AR 72015
TITLE	V
NAME	BLACK, LARRY A
STREET ADDRESS	219 W SOUTH STREET
CITY-ST-ZIP	BENTON, AR 72015
TITLE	ST
NAME	OWENS, LESLIE A
STREET ADDRESS	219 W SOUTH STREET
CITY-ST-ZIP	BENTON, AR 72015
TITLE	OP
NAME	BLACK, BRIAN
STREET ADDRESS	219 W. SOUTH STREET
CITY-ST-ZIP	BENTON, AR 72015
TITLE	OP
NAME	HUGHES, MICHAEL
STREET ADDRESS	219 W. SOUTH STREET
CITY-ST-ZIP	BENTON, AR 72015
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 #

3/11/08