


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002157
1. Entity Name
VAN TASSEL-PROCTOR, INC.



Principal Place of Business Mailing Address
4700 SOUTH BOWMAN RD 4700 SOUTH BOWMAN RD
SUITE 900 SUITE 900
LITTLE ROCK, AR 72210 LITTLE ROCK, AR 72210

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
71-0754306 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAN TASSEL, TED
STREET ADDRESS	4700 SOUTH BOWMAN RD., STE 900
CITY-ST-ZIP	LITTLE ROCK, AR 72210
TITLE	VSTD
NAME	PROCTOR, SCOTT
STREET ADDRESS	4700 SOUTH BOWMAN RD., STE 900
CITY-ST-ZIP	LITTLE ROCK, AR 72211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000251347
05/02/05-80141-010 150.00

**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 reports 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: SCOTT PROCTOR 4/20/05 501-219-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #