


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F97000002157 1. Entity Name VAN TASSEL-PROCTOR, INC.	
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Principal Place of Business 4700 SOUTH BOWMAN RD SUITE 900 LITTLE ROCK, AR 72210	Mailing Address 4700 SOUTH BOWMAN RD SUITE 900 LITTLE ROCK, AR 72210
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04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0754306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAN TASSEL, TED 4700 SOUTH BOWMAN RD., STE 900 LITTLE ROCK, AR 72210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PROCTOR, SCOTT 4700 SOUTH BOWMAN RD., STE 900 LITTLE ROCK, AR 72211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/07-80144-021-150.00

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: Scott Proctor - SCOTT PROCTOR 4/16/07 501-219-8899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #