

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004701**

1. Entity Name  
VINING-SPARKS SECURITIES, INC.



Principal Place of Business  
775 RIDGE LAKE BLVD.  
2ND FLOOR  
MEMPHIS, TN 38120

Mailing Address  
775 RIDGE LAKE BLVD.  
2ND FLOOR  
MEMPHIS, TN 38120



05312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1112510

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WARD, ROBERT J  
500 W. CYPRESS CREEK RD, SUITE 220  
FT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	VINING, JAMES L
STREET ADDRESS	775 RIDGE LAKE BLVD., 2ND FLOOR
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	V
NAME	SCOTT, FRANCIS J
STREET ADDRESS	775 RIDGE LAKE BLVD., 2ND FLOOR
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	ST
NAME	LEVINGSTON, LARRY B
STREET ADDRESS	775 RIDGE LAKE BLVD., 2ND FLOOR
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000566619  
06/02/06-80005-020 150.00

**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 all other like empowered.

SIGNATURE: [Signature] Treasurer/Secretary 5/31/2006 (901) 766-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #