2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # F99000001586

1. Entity Name
S & H, INC. OF ARKANSAS

Principal Place of Business	Mailing Address
P.O. BOX 126 FORT SMITH, AR 72902	P.O. BOX 126 FORT SMITH, AR 72902

03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0335665
☐ 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

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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, 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	CP
NAME	CURRY, C. DAVID
STREET ADDRESS	P.O. BOX 126
CITY-ST-ZIP	FORT SMITH, AR 72902
TITLE	CV
NAME	WEIDMAN, LYNN C
STREET ADDRESS	P.O. BOX 126
CITY-ST-ZIP	FORT SMITH, AR 72902
TITLE	DST
NAME	POWELL, JANICE H
STREET ADDRESS	P.O. BOX 126
CITY-ST-ZIP	FORT SMITH, AR 72902
TITLE	D
NAME	CURRY, DWIGHT H
STREET ADDRESS	P.O. BOX 126
CITY-ST-ZIP	FORT SMITH, AR 72902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sabi Kimes Controller 3/10/07 (479) 785-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #