


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90853 016 ***150.00

DOCUMENT # H70598	
1. Entity Name GREER TRUCKING COMPANY, INC.	

Principal Place of Business 717 CAMANN ST GREENSBORO, NC 27407 US	Mailing Address 100 MORGAN KEEGAN DRIVE SUITE 200 LITTLE ROCK, AR 72202
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40093811



2. Principal Place of Business - No P.O. Box # 6975 LOST 12th St	3. Mailing Address 3800 N. Rodney Parham Road
Suite, Apt. #, etc. Jacksonville FL	Suite, Apt. #, etc. #301
City & State 32220	City & State Little Rock, AR
Zip 32220	Country US

03282007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2596877	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLE, MICHAEL R 33 LANE AVE SOUTH JACKSONVILLE, FL 32254	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIR, RICHARD C 6508 MIAMI BLUFF DRIVE MARIEMONT, OH 45227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEVIN P 21 OLD HILL FARM ROAD WESTPORT, CT 06680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER W 136 SOUTHPORT WOODS DRIVE SOUTHPORT, CT 06490 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, DAVID R 100 MORGAN KEEGAN DR STE 200 LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, MICHAEL R 33 LANE AVE S JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAKERT, JAMES W 1061 WEST SUTTEN PLACE PALATINE, IL 60067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eckert, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James W. Eckert* 4/26/07 501-280-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #