

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000118040

1. Entity Name
RAZORBACK DEVELOPMENT COMPANY



Principal Place of Business

**24 WALTER MARTIN ROAD, STE 3
FORT WALTON BEACH, FL 32548**

Mailing Address

**24 WALTER MARTIN ROAD, STE 3
FORT WALTON BEACH, FL 32548**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3699610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEAD, MICHAEL W
24 WALTER MARTIN ROAD, STE 3
FORT WALTON BEACH, FL 32548**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000113988
04/15/04-80030-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDON, GARY L 201 WEST EMMA, STE 3 SPRINGDALE, AR 72764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUESS, MARK 2270 FARE LANE FAYETTEVILLE, AR 72703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRANDON, SHERRI 201 WEST EMMA, STE 3 SPRINGDALE, AR 72764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, L. VICTOR 4450 SOUTHWINDS 11 DR. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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:

GARY L BRANDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L BRANDON

4/12/04

Date

479-751-7254

Daytime Phone #