


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90012 012 ***150.00

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
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50000339

2. Principal Place of Business 4285 N. Shiloh	3. Mailing Address PO Box 21
Suite, Apt. #, etc. Ste 302	Suite, Apt. #, etc.
City & State Fayetteville, AR	City & State Springdale, AR
Zip 72703	Zip 72765
Country USA	Country USA



02152006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3699610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	7. Name and Address of New Registered Agent Name Dana Matthews Street Address (P.O. Box Number is Not Acceptable) 4475 Legendary Drive City Destin FL Zip Code 32541
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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 *Greg L. Burch* DATE **2-15-06**

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, 2006 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	PD BRANDON, GARY L 201 WEST EMMA, STE 3 SPRINGDALE, AR 72764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Brandon 4285 N. Shiloh Suite 302 Fayetteville, AR 72703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUESS, MARK 2270 FARE LANE FAYETTEVILLE, AR 72703 <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	ST BRANDON, SHERRI 201 WEST EMMA, STE 3 SPRINGDALE, AR 72764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sherr Brandon 4285 N. Shiloh, Suite 302 Fayetteville, AR 72703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, L. VICTOR 4450 SOUTHWINDS 11 DR. DESTIN, FL 32541 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Greg L. Burch* DATE **2-15-06** DAYTIME PHONE # **479-751 7254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR