


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02694 1. Entity Name WITTENBERG, DELONY & DAVIDSON, INC.	
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Principal Place of Business 400 W CAPITOL AVENUE SUITE 1800 LITTLE ROCK, AR 72201-4857 US	Mailing Address 400 W CAPITOL AVENUE SUITE 1800 LITTLE ROCK, AR 72201-4857 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0311512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLUE, F. LLOYD JR. 207 FLORIDA PLACE, SE 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, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, THOMAS R. 2401 N. FILLMORE LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SEE, JACK F. JR. 10 BUGLE COURT LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD SLOAN, JOHN C. 5220 STONEWALL LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALDERMAN, RICHARD K 2541 SHEFFIELD PLACE FAYETTEVILLE, AR 72703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEEK, EDWARD E 1607 MOUNTAIN DRIVE LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLAIR, ROY E JR. 138 MAEWOOD DRIVE HOT SPRINGS NATIONAL PARK, AR 71901

<p>000000298258 04/11/05-80360-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Thomas R. Adams **THOMAS R. ADAMS** 2/2/05 501-376-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #