


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P17239 1. Entity Name L.R. MOURNING CO., INC.		
Principal Place of Business 2230 COTTONDALE LANE, STE. 5 LITTLE ROCK, AR 72202	Mailing Address 2230 COTTONDALE LANE, STE. 5 LITTLE ROCK, AR 72202	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		U00000533256 05/06/06-80117-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOURNING, RANDY 2230 COTTONDALE LN, STE 5 LITTLE ROCK, AR	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GARRETT, CHARLES 16320 MINTON RD LITTLE ROCK, AR 72210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARPOFF, MATTHEW 21 YAZOO CIRCLE MAUMELLE, AR 72113	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/21/06</u> <small>Daytime Phone #</small>