

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 037 ***158.75

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



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-1847153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOURNING, RANDY
STREET ADDRESS 2230 COTTONDALE LN, STE 5
CITY-ST-ZIP LITTLE ROCK, AR

TITLE SVP
NAME GARRETT, CHARLES
STREET ADDRESS 16320 MINTON RD
CITY-ST-ZIP LITTLE ROCK, AR 72210

TITLE VP
NAME KARPOFF, MATTHEW
STREET ADDRESS 21 YAZOO CIRCLE
CITY-ST-ZIP MAUMELLE, AR 72113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Mourning 7/8/07
Date Daytime Phone #