

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P21205**

1. Entity Name  
**ARNOLD, TRUMAN COMPANIES**



Principal Place of Business

**701 S ROBISON RD  
P.O. BOX 1481  
TEXARKANA, TX 75501 US**

Mailing Address

**701 S. ROBINSON ROAD  
P.O. BOX 1481  
TEXARKANA, TX 75501**



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-1289172**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNOLD, GREG
STREET ADDRESS	701 S ROBISON RD
CITY-ST-ZIP	TEXARKANA, TX
TITLE	DS
NAME	DAY, JAMES H.
STREET ADDRESS	701 S ROBISON RD
CITY-ST-ZIP	TEXARKANA, TX
TITLE	VTD
NAME	MCMILLEN, STEVE
STREET ADDRESS	701 S ROBINSON RD
CITY-ST-ZIP	TEXARKANA, TX 75501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504813  
04/26/06-80091-003 150.00

**DO NOT WRITE  
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:

*James H. Day*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Day

4/4/06

Date

(903) 334-8999

Daytime Phone #