

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90012 019 \*\*\*150.00

**DOCUMENT # P33013**

1. Entity Name  
**OZARK WAREHOUSE CORPORATION**

Principal Place of Business  
**1601 PUMP STATION ROAD  
FAYETTEVILLE, AR 72701 US**

Mailing Address  
**PO BOX 1528  
FAYETTEVILLE, AR 72702-1528**

**24005332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**71-0608715**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee, Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE **T** ☐ Delete  
NAME **MUROV, RICHARD A.**  
STREET ADDRESS **9421 RED RICK DR.**  
CITY-ST-ZIP **SHREVEPORT, LA**

TITILE **T** ☒ Change ☐ Addition  
NAME **MUROV, RICK**  
STREET ADDRESS **451 Elmwood**  
CITY-ST-ZIP **Shreveport, LA 71104**

TITILE **D** ☐ Delete  
NAME **SHALINSKY, BARRY**  
STREET ADDRESS **6020 FLORA VISTA AVE**  
CITY-ST-ZIP **TAMPA, FL 33604**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE **CEO** ☒ Delete  
NAME **MASULLO, NICK**  
STREET ADDRESS **1837 N. RIPPLE ROAD**  
CITY-ST-ZIP **FAYETTEVILLE, AR**

TITILE **CEO** ☐ Change ☒ Addition  
NAME **DAVIES, RICHARD**  
STREET ADDRESS **1810 ROLLING HILLS DR**  
CITY-ST-ZIP **FAYETTEVILLE, AR 72703**

TITILE **V** ☐ Delete  
NAME **KING, BLUE**  
STREET ADDRESS **230 CEDAR RIDGE DR**  
CITY-ST-ZIP **MADISON, MS 39110**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE **P** ☐ Delete  
NAME **HARRIS, LISA**  
STREET ADDRESS **1540 NEW HAMPSHIRE ST.**  
CITY-ST-ZIP **LAWRENCE, KS 66044**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE **D** ☐ Delete  
NAME **O'CONNOR, NANCY**  
STREET ADDRESS **1198 NORTH 700 ROAD**  
CITY-ST-ZIP **LAWRENCE, KS 66047**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard Davies*

**RICHARD DAVIES**

**1/28/04 (479) 521. 4920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #