
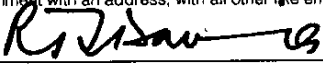


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90111 048 ***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	
2. Principal Place of Business		3. Mailing Address 1601 PUMP STATION RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FAYETTEVILLE AR		4. FEI Number 71-0608715	
Zip		Zip 72701		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUROV, RICHARD A. 451 ELMWOOD SHREVEPORT, LA 71104 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIM JOYNER 215 MORNINGSTAR LN LIBERTY, TN 37095 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALINSKY, BARRY 6020 FLORA VISTA AVE TAMPA, FL 33604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY SHALINSKY 1016 E 23RD AVE TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIES, RICHARD 1810 ROLLING HILLS DR FAYETTEVILLE, AR 72703 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICHARD DAVIES 203 N OKLAHOMA WAY FAYETTEVILLE, AR 72701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, BLUE 230 CEDAR RIDGE DR MADISON, MS 39110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE KING 230 CEDAR RIDGE DR MADISON, MS 39110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, LISA 1540 NEW HAMPSHIRE ST. LAWRENCE, KS 66044 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOB PICKFORD 6219 SAVANNAH AVE CINCINNATI, OH 45224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, NANCY 1198 NORTH 700 ROAD LAWRENCE, KS 66047 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					