

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P33013

1. Entity Name
OZARK WAREHOUSE CORPORATION



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

Mailing Address
**1601 PUMP STATION ROAD
FAYETTEVILLE, AR 72701**



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0608715

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)

U000000570988
07/18/06-80019-008 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOYNER, JIM
215 MORNINGSIDE LANE
LIBERTY, TN 37095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHALINSKY, BARRY
1016 E 23RD AVE.
TAMPA, FL 33605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
DAVIES, RICHARD
203 N OKLAHOMA WAY
FAYETTEVILLE, AR 72701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, BLUE
230 CEDAR RIDGE DR
MADISON, MS 39110**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PICKFORD, BOB
6219 SAVANNAH AVE
CINCINNATI, OH 45224**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #