

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 162074

1. Entity Name
THE ARAGON GROUP, INC.



Principal Place of Business
**301 E. DANIA BEACH BLVD.
P.O. BOX 1107
DANIA, FL 33004 US**

Mailing Address
**301 E. DANIA BEACH BLVD.
P.O. BOX 1107
DANIA, FL 33004 US**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0698290	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, CLINTON E JR.
301 E DANIA BEACH BLVD.
DANIA, FL 33004**

**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 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

U00000106486
04/08/04 00017 000 150.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SNYDER, STEPHEN F 301 E DANIA BCH BLVD DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOX, D R 301 E DANIA BCH BLVD DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JAMIE 301 E DANIA BCH BLVD DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCH, ROBERT H. 7330 SW 52 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORRIS, CLINTON E. J 301 E. DANIA BEACH BLVD. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #