
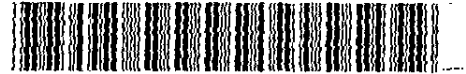


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000028001		
1. Entity Name THE REAGAN CORPORATION		

Principal Place of Business 4340 OLD DIXIE HWY VERO BEACH FL 32967	Mailing Address 4340 OLD DIXIE HWY VERO BEACH FL 32967
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0420123** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, A. RONALD
4235 -27TH AVE
VERO BEACH FL 32967**

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 registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME REAGAN, WILLIE C	
STREET ADDRESS 5686 41ST STREET	
CITY-ST-ZIP VERO BEACH FL	
TITLE VP	<input type="checkbox"/> Delete
NAME BARRINER, HARDY C	
STREET ADDRESS 4140 58TH AVE	
CITY-ST-ZIP VERO BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME REAGAN, LUCINDA J	
STREET ADDRESS 6237 W.FAYETTEVILLE ROAD	
CITY-ST-ZIP RIVERDALE GA	
TITLE T	<input type="checkbox"/> Delete
NAME WILLIAMS, HELEN G	
STREET ADDRESS 4340 OLD DIXIE HIGHWAY	
CITY-ST-ZIP VERO BEACH FL	
TITLE D	<input type="checkbox"/> Delete
NAME THOMPSON, ERNESTINE	
STREET ADDRESS 1025 -E MILL STREET	
CITY-ST-ZIP MELBOURNE FL	
TITLE D	<input type="checkbox"/> Delete
NAME LANE, LEE A	
STREET ADDRESS 4236-31ST AVE	
CITY-ST-ZIP VERO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Helen G. Williams 4-11-06 722 562-9863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR