

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028001

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE REAGAN CORPORATION

Current Principal Place of Business:

4340 OLD DIXIE HWY
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4340 OLD DIXIE HWY
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0420123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REAGAN, WILLIE C
Address: 5686 41ST STREET
City-St-Zip: VERO BEACH, FL

Title: VP () Delete
Name: BARRINER, HARDY C
Address: 4140 58TH AVE
City-St-Zip: VERO BEACH, FL

Title: S () Delete
Name: REAGAN, LUCINDA J
Address: 6237 W.FAYETTEVILLE ROAD
City-St-Zip: RIVERDALE, GA

Title: T () Delete
Name: WILLIAMS, HELEN G
Address: 4340 OLD DIXIE HIGHWAY
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: THOMPSON, ERNESTINE
Address: 1025 -E MILL STREET
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: LANE, LEE A
Address: 4236-31ST AVE
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN G. WILLIAMS

T

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date