

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

06 MAY -1 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051124

1. Entity Name  
NAVIGATOR RESEARCH GROUP, INC.



Principal Place of Business  
4040 DE SOTO FARM ROAD  
TALLAHASSEE, FL 32309

Mailing Address  
4040 DE SOTO FARM ROAD  
TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0589308

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DESMOND, SEAN T ESQ  
249 E. SIXTH AVENUE  
TALLAHASSEE, FL 32303

**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

*Sean T Desmond, Esq.*

5/1/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME RATCLIFF, LORENA N  
STREET ADDRESS 4040 DESOTO FARM RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D  
NAME RATCLIFF, RICHARD R  
STREET ADDRESS 4040 DESOTO FARM RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100075024451  
05/22/06--01026--023 \*\*150.00

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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 empowerments.

SIGNATURE:

*Richard R Ratcliff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard R RATCLIFF  
5/01/06 850-878-5437