


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P96000014978 | |  |
| 1. Entity Name N. REAGAN & COMPANY | | |

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|--|--|
| Principal Place of Business 777 E ATLANTIC AVE #104 DELRAY BCH FL 33483 US | Mailing Address 777 E ATLANTIC AVE #104 DELRAY BCH FL 33483 US |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

| | | | |
|--|--|--|-------------|
| SLEBODNIK, DONNA R ESQ 1551 POUM PLACE STE 200 WEST PALM BEACH FL 33401 | | 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P REAGAN, N 810 BAMBOO LANE DELRAY BEACH FL 33483 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S SLEBODNIK, DONNA R 1551 FORUM PLACE #200 D WEST PALM BEACH FL 33401 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP JARVIS, BRUCE 810 BAMBOO LANE WEST PALM BEACH FL 33401 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T REAGAN, NANCY 810 BAMBOO LANE DELRAY BEACH FL 33483 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **January 22, 2004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #