


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000014978</b> 1. Entity Name <b>N. REAGAN &amp; COMPANY</b>	
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Principal Place of Business <b>777 E ATLANTIC AVE #104 DELRAY BCH, FL 33483 US</b>	Mailing Address <b>777 E ATLANTIC AVE #104 DELRAY BCH, FL 33483 US</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0644291**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent  <b>REAGAN, NANCY 810 BAMBOO LANE DELRAY BEACH, FL 33483</b>
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**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	P REAGAN, N 810 BAMBOO LANE DELRAY BEACH, FL 33483
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	T WATSON, STEPHANIE M 355 NE 5TH AVE STE 6 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAPP, DENISE M 3521 W HILLSBORO BLVD J105 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/06-80009-013 150.00

**DO NOT WRITE  
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 empowered.

SIGNATURE: Stephanie M. Watson 1/17/06 561-272-5868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Stephanie M. Watson