2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000069517

1. Entity Name
THE ARAGON GROUP AT PENSACOLA, INC.

Principal Place of Business	Mailing Address
730 BAYFRONT PARKWAY SUITE IV-B PENSACOLA, FL 32501	730 BAYFRONT PARKWAY SUITE IV-B PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3536547
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEVES, JAMES
730 BAYFRONT PKWY
STE 4B
PENSACOLA, FL 32501

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If CR2E, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DSTV
NAME	REEVES, JAMES J
STREET ADDRESS	730 BAYFRONT PKWY
CITY ST ZIP	PENSACOLA, FL 32501
TITLE	DP
NAME	BOOTHE, ROBERT A JR
STREET ADDRESS	16 ALICE STREET
CITY ST ZIP	PENSACOLA, FL 32504
TITLE	DVP
NAME	MONTGOMERY, ROBERT M
STREET ADDRESS	1388 COUNTRY CLUB ROAD
CITY ST ZIP	GULF BREEZE, FL 32561
TITLE	VPAS
NAME	MACNEIL, MICHELLE R
STREET ADDRESS	105 EAST DESOTO STREET
CITY ST ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/29/04-80031-014 150.00

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

SIGNATURE: _____ _____ _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #