

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.	
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Principal Place of Business 730 BAYFRONT PARKWAY SUITE IV-B PENSACOLA, FL 32501	Mailing Address 730 BAYFRONT PARKWAY SUITE IV-B PENSACOLA, FL 32501
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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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**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 re-registering) DATE _____

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

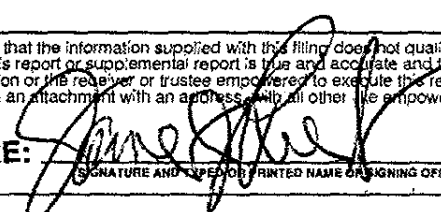
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

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