2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90238 023 ***150.00

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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

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32502 Country	Zip 32502 Country

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	7. Name and Address of New Registered Agent
REEVES, JAMES 730 BAYFRONT PKWY STE 4B PENSACOLA, FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 32502

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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: _____ 4/26/05 850 438 4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #