

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 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 32502	Mailing Address 730 BAYFRONT PARKWAY SUITE IV-B PENSACOLA, FL 32502
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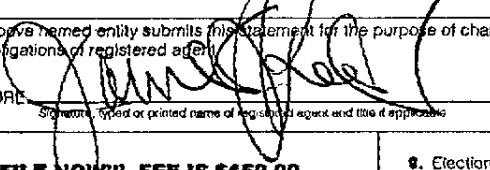
02172006 No Chg-P CR2E034 (11/05)

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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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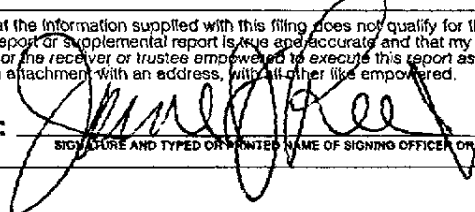
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when re-registering)
DATE: 3/30/06

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
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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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04/18/06-80025-024 150.

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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:  (NOTE: Signature and typed or printed name of signing officer or director)
DATE: 3/30/06 DAYTIME PHONE # 850 438-4400