# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 730 BAYFRONT PARKWAY<br>SUITE IV-B<br>PENSACOLA, FL 32502 | 730 BAYFRONT PARKWAY<br>SUITE IV-B<br>PENSACOLA, FL 32502 |

02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 _____ 3/30/06
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 | 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 | 1368 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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04/18/06-80025-024 150.00

**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:** _____ 3/30/06 850 438-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #