


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P97000069517
1. Entity Name
THE ARAGON GROUP AT PENSACOLA, INC.



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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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3536547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000733993
05/09/07 80110 004 150.00

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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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 files empowered.

SIGNATURE:  **4/23/07** **8504384400**
Signature and typed or printed name of signing officer or director Daytime Phone #