

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90084 016 ***150.00

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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



01072008 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

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, 2008 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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/17/2008