

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000090379

1. Entity Name
REAGAN ERGONOMICS INC.



Principal Place of Business
408 CHIPLEY PLACE WEST
JACKSONVILLE, FL 32259 US

Mailing Address
408 CHIPLEY PLACE WEST
JACKSONVILLE, FL 32259 US



03232006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3480814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REAGAN, JAMES R
408 CHIPLEY PLACE WEST.
JACKSONVILLE, FL 32259

**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, 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 PT
NAME REAGAN, JAMES R
STREET ADDRESS 408 CHIPLEY PLACE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE VS
NAME REAGAN, GLORIA S
STREET ADDRESS 408 CHIPLEY PLACE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE D
NAME MILO, ELIZABETH R
STREET ADDRESS 528 CARAWAY COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/11/06-80094-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James R Reagan

3/23/06 904-230-5200