

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
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



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480814

Applied For
Not Applicable

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

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 renewing)

DATE

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80036-012 150.00

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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 like empowered.

SIGNATURE: James R Reagan **JAMES R REAGAN** 4/3/07 270-8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #