## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000040145

1. Entity Name

MARK A REGER & ASSOCS., INC.



Principal Place of Business

1601 S.W. RUTLAND STREET PORT ST. LUCIE, FL 34987 Mailing Address

1601 S.W. RUTLAND STREET PORT ST. LUCIE, FL 34987

## FILED Feb 20, 2006 08:00 AM Secretary of State

CR2E034 (11/05)



						02072006	No Chg-P
n	NOT	WRITE	IN	THIS	SPACE		

4. FEI Number
65-0836762 Applied For Not Applicable

5. Certificate of Status Desired Service Required

Name and Address of Current Registered Agent

REGER, MARK A 1601 S.W. RUTLAND STREET PORT ST. LUCIE, FL 34987

TITLE HAME STREET AODRESS

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CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	urpose of changing its registered office of	registered agent, of bott	n, in the State of Florida. I tim familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered egent and title in	epolicable. (NOTE: Registered Agent signature	न्त्र required when reinstalling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		1	
TITLE NAME	D REGER, MARK A				
STREET ADDRESS CITY-ST-ZIP	1601 S.W. RUTLAND STREET PORT ST. LUCIE, FL 34987				
TITLE NAME				000000439111 03/01/06-800 <b>33-0</b> 12 150.00	
STREET ADDRESS CHY-SI-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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/15/06 772-340-7789
Date Daytime Proces