

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 022 ***150.00



DOCUMENT # P07000043437
 1. Entry Name
 SEGGERMAT PROFESSIONAL DEVELOPMENT GROUP,
 CORP.

Principal Place of Business Mailing Address
 4103 SPARROW CT 4103 SPARROW CT
 TAMPA, FL 33558 TAMPA, FL 33558

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 P.O. BOX 1259
 LAND O' LAKES, FL
 34639 USA



01172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 20-8873501 Not Applicable

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

6. Name and Address of Current Registered Agent
 RAMOS, JOSE S
 4103 SPARROW CT
 TAMPA, FL 33558

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, Name and Official Title of Registered Agent (if not applicable) (SOLE Registered Agent Signature required when maintaining)

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	PD	<input type="checkbox"/> Delete
NAME	SEGARRA, JUAN A	
STREET ADDRESS	4103 SPARROW CT	
CITY-STATE-ZIP	TAMPA, FL 33558	
TITLE	V	<input type="checkbox"/> Delete
NAME	GEERKEN, REYNALDO G	
STREET ADDRESS	4103 SPARROW CT	
CITY-STATE-ZIP	TAMPA, FL 33558	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATOS, ERIC E	
STREET ADDRESS	4103 SPARROW CT	
CITY-STATE-ZIP	TAMPA, FL 33558	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE S	
STREET ADDRESS	4103 SPARROW CT	
CITY-STATE-ZIP	TAMPA, FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 of the corporation; that I am authorized 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 this filing with all other like empowered.

SIGNATURE: ERIC E. MATOS, Secretary 17 Jan '08 (813) 785-6529