


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 033 ***150.00

DOCUMENT # P98000034960

1. Entity Name
SEGWAY SERVICES, INC.



Principal Place of Business
**756 BERKELEY ST
 BOCA RATON FL 33487**

Mailing Address
**756 BERKELEY ST
 BOCA RATON FL 33487**



2. Principal Place of Business - No P.O. Box #
801 NE MORNINGSIDE DR

3. Mailing Address
801 NE MORNINGSIDE DR

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487-1723

Country
USA

4. FEI Number **65-0827657** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DILLON, RONALD
 756 BERKELEY ST
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **DILLON, RONALD**

Street Address (P.O. Box Number is Not Acceptable)
801 NE MORNINGSIDE DRIVE

City **BOCA RATON** FL Zip Code **33487**

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 **07 FEB 07**

Signature, typed or printed name of registered agent and title, applicable. *NOTE: Registered Agent signature required when substituting.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PST DILLON, RONALD 756 BERKELEY ST BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V DILLON, MARGARET A 756 BERKELEY ST BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	PST DILLON, RONALD 801 NE MORNINGSIDE DR BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V DILLON, MARGARET 801 NE MORNINGSIDE DR BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **07 FEB 07** 305-321-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #