


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90337 028 \*\*\*150.00

**DOCUMENT # P03000051457**

1. Entity Name  
**SEGERMAN, INC.**



Principal Place of Business      Mailing Address  
**846 LULLWATER ROAD, NE**      **846 LULLWATER ROAD, NE**  
**ATLANTA, GA 30307**      **ATLANTA, GA 30307**

**14000873**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02092004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**45-0516694**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARGOLIES, MITCHELL J**  
**1048 FAIRFAX LANE**  
**WESTON, FL 33326**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MINTZER, SUSAN S</b>	
STREET ADDRESS	<b>444 EAST 82ND STREET, APT. 10-V</b>	
CITY - ST - ZIP	<b>NEW YORK, NY 10028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEGERMAN, SHERRY</b>	
STREET ADDRESS	<b>6700 HILLDALE ROAD</b>	
CITY - ST - ZIP	<b>CHEVY CHASE, MD 20815</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUGERMAN, STUART</b>	
STREET ADDRESS	<b>846 LULLWATER ROAD, NE</b>	
CITY - ST - ZIP	<b>ATLANTA, GA 30307</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Segerman, Stuart</b>	
STREET ADDRESS	<b>846 Lullwater Road, NE</b>	
CITY - ST - ZIP	<b>Atlanta, Georgia 30307</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stuart C Segerman      Pres.      4/3/04      404-370-0374

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

**STUART C SEGERMAN, President**