2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90003 034 ***150.00

54064317

DOCUMENT # P99000078530

1. Entity Name
SEG ENTERPRISES, P.A.

Principal Place of Business	Mailing Address
~~2311 NE 48TH ST~~	~~2311 NE 48TH ST~~
~~LIGHTHOUSE POINT, FL 33064~~	~~LIGHTHOUSE POINT, FL 33064~~

2. Principal Place of Business	3. Mailing Address
4145 LAUREL	4145 LAUREL
~~Suite, Apt. #, etc.~~ ESTATE WAY	~~Suite, Apt. #, etc.~~ ESTATE WAY
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country: Palm Bch	Zip: 33467 Country: Palm Bch

07172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0943716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MAHONEY, ROBERT F~~
~~8801 NORTH FEDERAL HWY~~
~~POMPANO BEACH, FL 33064~~

7. Name and Address of New Registered Agent

Name: ROBERT F MAHONEY PA
Street Address (P.O. Box Number is Not Acceptable): 7777 GLADES ROAD SUITE 209
City: BOCA RATON FL Zip Code 33434

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: Robert F Mahoney PA DATE 7/17/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GUDJONSDOTTIR, SIGNY E		NAME	
STREET ADDRESS	~~2311 NE 48TH ST~~		STREET ADDRESS	4145 LAUREL ESTATE WAY
CITY-ST-ZIP	~~LIGHTHOUSE POINT, FL 33064~~		CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNY GUDJONSDOTTIR 7/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #