

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000007119

1. Entity Name  
SEGALAS CORPORATION



Principal Place of Business  
10625 WITTINGTON AVENUE  
VERO BEACH, FL 32963

Mailing Address  
10625 WITTINGTON AVENUE  
VERO BEACH, FL 32963

FILED

08 MAR 31 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1095609

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL  
3111 CARDINAL DRIVE  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**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
NAME	SEGALAS, HERCULES A
STREET ADDRESS	10625 WITTINGTON AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DST
NAME	SEGALAS, MARGARET
STREET ADDRESS	10625 WITTINGTON AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02-28-08 80060 013 \$150.00

**DO NOT WRITE  
IN THIS SPACE**

\$73/31

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

772-38

772-385

4688