

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90043 038 ***150.00

DOCUMENT # 653611 1. Entity Name CROW-SEGAL MANAGEMENT CO., INC.			
Principal Place of Business 1133 WEST MORSE BLVD, STE 201 WINTER PARK, FL 32789		Mailing Address 1133 WEST MORSE BLVD, STE 201 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 341 N. Maitland Avenue Suite, Apt. #, etc. Suite 130 City & State Maitland, FL Zip 32751		3. Mailing Address 341 N. Maitland Avenue Suite, Apt. #, etc. Suite 130 City & State Maitland, FL Zip 32751	
Country Orange		Country Orange	
6. Name and Address of Current Registered Agent CROW-SEGAL, PAT 1133 W. MORSE STE 201 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 341 N. Maitland Avenue Suite 130 City Maitland <div style="display: inline-block; text-align: right;"> FL Zip Code 32751 </div>	
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: <i>Pat Crow Segal</i> DATE: 4/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEGAL, PATRICIA C 1317 S.E. FIRST ST. FORT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGAL, MICHAEL L. 1317 S.E. FIRST ST FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIL PYSTER 710 PALMER ST. ORLANDO, FL 32801	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <i>Patricia Crow Segal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PATRICIA CROW SEGAL		Date: 4-2-07 Daytime Phone #: 647-8839	