


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003621	
1. Entity Name SEGUE, INC.	

Principal Place of Business 2160 SE 17TH ST FORT LAUDERDALE, FL 33316	Mailing Address 19345 US HWY 19N 4TH FLOOR CLEARWATER, FL 33764
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3291448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUKE, KAREN 19345 US HWY 19 N CLEARWATER, FL 33764
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**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U000000344331
04/29/05-80132-004 300.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHAW, ARTHUR 19345 US 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHANTZ, MICHAEL 19345 US HWY 19 N CLEARWATER, FL 337643147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRKHOLZ, HANS 19345 US HWY 19 N CLEARWATER, FL 337643147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAAS, ALEXANDER 19345 US 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/26/05 727530542
Date Daytime Phone #

Michael J Schantz