

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90048 017 ***150.00

DOCUMENT # P00000043560

1. Entity Name
SEGMENTALDESIGNS, INC.



Principal Place of Business
**3416 CULLENDALE DRIVE
TAMPA, FL 33618**

Mailing Address
**PO BOX 7739
WESLEY CHAPEL, FL 33544**

94042834



2. Principal Place of Business

3. Mailing Address

25352 Wesley Chapel Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

Lutz, FL

City & State

4. FEI Number

59-3641446

Applied For

Not Applicable

Zip

33559

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALLS, LARRY R
3416 CULLENDALE DRIVE
TAMPA, FL 33618**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTV
FALLS, LARRY R
3416 CULLENDALE DRIVE
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FALLS, LARRY R
3416 CULLENDALE DRIVE
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTV
Falls, Larry R.
19147 Weymouth Dr.
Land O' Lakes, FL 34639** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Falls, Larry R
19147 Weymouth Dr.
Land O' Lakes, FL 34639** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

3-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #