

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90142 003 \*\*\*150.00

**DOCUMENT # P03000037123**

1. Entity Name  
**SEGULAH INC.**



Principal Place of Business  
2107 COUNTRYSIDE DR  
APOPKA, FL 32712

Mailing Address  
2107 COUNTRYSIDE DR  
APOPKA, FL 32712

**50063698**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

91-2191912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIQUIT, ERNESTO  
2107 COUNTRYSIDE DR  
APOPKA, FL 32712

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MARIQUIT, ERNESTO  
STREET ADDRESS 1358 COUNTRY WIND DR  
CITY-ST-ZIP APOPKA, FL 32703

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/05 (32) 229 4168

ATTACHMENT

50063698  
#03000037123

Aug 25, 2005

Dear Sir/Ma'am,

I was not informed about the increase of Annual fee, prior to sending me a late fee bill.

I am entitled to \$150.00 until Sept. 7, 2005. As per state law.

Thanks for the consideration.

Truly Yours,

Ernesto Marignat  
Segulah Inc.

2107 Countryside Dr.  
Apopka, FL. 32712  
(321) 229-4168