## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2004 8:00 am **Secretary of State** DOCUMENT # P03000077728 1. Entity Name 03-29-2004 90063 029 \*\*\*158.75 SEGUE ENTERPRISES, INC. Principal Place of Business Mailing Address 7812 3RD AVE. S. ST. PETERSBURG FL 33707 7812 3RD AVE. S. ST. PETERSBURG FL 33707 94038072 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number 20-0121518 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME EXCEPT FRANCES SMITH, FRANCIS J Street Address (P.O. Box Number is Not Acceptable) 7812 3RD AVE. S. HID DELON ST. PETERSBURG FL 33707 City Zip Code FL 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 4 (NOTE. Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete SMITH, FRANCES J NAME NAME STREET ADDRESS 7812 3RD AVE. S. STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of execute this repoil 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.

FILED