

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070965

FILED  
Jul 07, 2007  
Secretary of State

Entity Name: EVELYN SEGALL, P.A.

**Current Principal Place of Business:**

4477 FOX RIDGE DRIVE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4477 FOX RIDGE DRIVE  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 20-2881022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEGALL, EVELYN  
4477 FOX RIDGE DRIVE  
WESTON, FL 33331      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SEGALL, EVELYN  
Address: 4477 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: VD      ( ) Delete  
Name: SEGALL, ARIEL  
Address: 4477 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN SEGALL

PD

07/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date