


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

08-29-2007 90002 013 ***558.75

DOCUMENT # P06000094801

1. Entity Name
SEGURA CARPENTRY INC



Principal Place of Business Mailing Address
1833 BRANCH FORBES RD **1833 BRANCH FORBES RD**
LOT 110 **LOT 110**
PLANT CITY, FL 33565 US **PLANT CITY, FL 33565 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1904 leafy branch row **1904 leafy branch row**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#2 **#2**

City & State City & State
Plant city fl **Plant city fl**
 Zip Country Zip Country
33565 US **33565 US**

07152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 Not Applicable

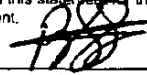
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SEGURA, RIGOBERTO
1833 BRANCH FORBES RD
LOT 110
PLANT CITY, FL 33565

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:  DATE: **8-24-07**

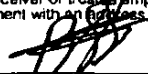
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when resigning)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P SEGURA, RIGOBERTO 1833 BRANCH FROBES RD LOT 110 PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:  DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR