

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90137 023 \*\*\*158.75

DOCUMENT # P07000039148

1. Entity Name

2630 SEGREST, INC.



Principal Place of Business

2500 INDUSTRIAL DR  
PANAMA CITY FL 32405

Mailing Address

P O BOX 35157  
PANAMA CITY FL 32412

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

26 1689329

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POUCHER, ALLEN L JR  
2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Ralph H. Segrest, Jr

Street Address (P.O. Box Number is Not Acceptable)

2500 INDUSTRIAL Drive

City

PANAMA CITY

FL

Zip Code

32405

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

RALPH H. SEGREST, JR

Ralph H. Segrest, Jr.

April 14, 2008

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME SEGREST, RALPH H JR  
STREET ADDRESS P O BOX 35157  
CITY-ST-ZIP PANAMA CITY FL 32412

TITLE VPD  
NAME SEGREST, JANE G  
STREET ADDRESS P O BOX 35157  
CITY-ST-ZIP PANAMA CITY FL 32412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

Ralph H. Segrest, Jr. RALPH H. SEGREST, JR.

April 14, 2008

850-785-3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6000

Daytime Phone #