

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90046 021 \*\*\*150.00  
05-01-2008 90201 008 \*\*\*150.00



**DOCUMENT # P07000111916**

1. Entity Name  
**SEGGEMAT III, INC.**

Principal Place of Business

**4103 SPARROW CT  
LUTZ, FL 33558**

Mailing Address

**4103 SPARROW CT  
LUTZ, FL 33558**

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

**P.O. BOX 1259**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1259**

Suite, Apt. #, etc.

City & State

**LAND O' LAKES, FL**

City & State

**LAND O' LAKES, FL**

Zip

**34039**

**FL**

Zip

**34039**

**FL**

04282008

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

**RAMOS, JOSE S  
4103 SPARROW CT  
LUTZ, FL 33558**

7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEGARRA, JUAN A  
STREET ADDRESS 4103 SPARROW CT  
CITY-ST-ZIP LUTZ, FL 33558 ☐ Delete

TITLE VP  
NAME GEERKEN, REYNALDO G  
STREET ADDRESS 4103 SPARROW CT  
CITY-ST-ZIP LUTZ, FL 33558 ☐ Delete

TITLE S  
NAME MATOS, ERIC E  
STREET ADDRESS 4103 SPARROW CT  
CITY-ST-ZIP LUTZ, FL 33558 ☐ Delete

TITLE T  
NAME RAMOS, JOSE S  
STREET ADDRESS 4103 SPARROW CT  
CITY-ST-ZIP LUTZ, FL 33558 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 the address and other like empowered.

SIGNATURE:

**SECRETARY**

**28 APRIL 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #