

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27497

FILED
Feb 08, 2005
Secretary of State

Entity Name: EDWARD M. SEGARS & ASSOCIATES, INC.

Current Principal Place of Business:

6000 A SAWGRASS CILLAGE CIR
SUTIE 10
PONTE VEDRA BEAHC, FL 32082 US

Current Mailing Address:

P.O. BOX 2289
PONTE VEDRA BCH., FL 32004 US

New Principal Place of Business:

6000 A SAWGRASS VILLAGE CIR
SUTIE 10
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 58-1323967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGARS, EDWARD M
6000A SAWGRASS VILLAGE CR
SUITE 10
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEGARS, EDWARD M.,
Address: 6000 A SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EDWARD M. SEGARS & A, SSOC., INC.
Address: 6000 A SAWGRASS VILLAGE CIRCLE #10
City-St-Zip: PONTE VEDRA BCH., FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD M SEGARS

PRES

02/08/2005

Electronic Signature of Signing Officer or Director

_____ Date