


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000035414  
1. Entity Name  
CLAUDIA C. SEGERS, LCSW, PA



Principal Place of Business 9471 BAYMEADOWS RD 404 JACKSONVILLE, FL 32256	Mailing Address 9471 BAYMEADOWS RD 404 JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3249194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGERS, CLAUDIA  
1817 AUTUMNBROOK LANE  
JACKSONVILLE, FL 32259

**DO NOT WRITE  
IN THIS SPACE**

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 Claudia C Segers LCSW PA DATE 1-31-05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEGERS, CLAUDIA C 1817 AUTUMNBROOK LANE JACKSONVILLE, FL 32259
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02/02/05-80071-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Claudia C Segers LCSW PA DATE 1-31-05 DAYTIME PHONE # 904 733 7208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR