


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000043490
 1. Entity Name
SEGUR HOMES, INC.



Principal Place of Business — Mailing Address
342 NEW YORK DR. FORT MYERS FL 33905 — **342 NEW YORK DR. FORT MYERS FL 33905**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0921801** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KUNKOWSKI, KEITH H
13102 PALM BEACH BLVD. S.E. STE. D
FORT MYERS FL 33905

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SEGUR, WM G	NAME		NAME		NAME	
STREET ADDRESS	342 NEW YORK DR.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SEGUR VIVIAN A	NAME		NAME		NAME	
STREET ADDRESS	342 NEW YORK DR.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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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: Vivian A Segur **VIVIAN A Segur** 3-26-06 239-693-8323