

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90003 034 \*\*\*150.00

DOCUMENT # P99000078530

1. Entity Name  
SEG ENTERPRISES, P.A.



Principal Place of Business

~~2311 NE 48TH ST~~  
~~LIGHTHOUSE POINT, FL 33064~~

Mailing Address

~~2311 NE 48TH ST~~  
~~LIGHTHOUSE POINT, FL 33064~~

**54064317**

2. Principal Place of Business

4145 LAUREL

3. Mailing Address

4145 LAUREL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33467 Palm Bch

Country

Zip

33467 Palm Bch

Country

07172004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0943716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MANONEY, ROBERT F  
~~3801 NORTH FEDERAL HWY~~  
~~POMPANO BEACH, FL 33064~~

7. Name and Address of New Registered Agent

Name  
ROBERT F MANONEY, PA  
Street Address (P.O. Box Number is Not Acceptable)  
7777 GLADES ROAD  
SUITE 209  
City  
BOCA RATON FL Zip Code  
33434

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

ROBERT F MANONEY, PA 7/17/04

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUDJONSDOTTIR, SIGNY E  
~~2311 NE 48TH ST~~  
~~LIGHTHOUSE POINT, FL 33064~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4145 LAUREL ESTATE WAY  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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:

*Signy Gudjonsson* SIGNY GUDJONSSON 7/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #