


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000078530


1. Entity Name
SEG ENTERPRISES, P.A.



Principal Place of Business
**4145 LAUREL ESTATE WAY
 LAKE WORTH, FL 33467**

Mailing Address
**4145 LAUREL ESTATE WAY
 LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0943716	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

**MAHONEY, ROBERT F
 7777 GLADES ROAD SUITE 209
 BOCA RATON, FL 33434**

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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 4145 LAUREL ESTATES WAY LAKE WORTH, FL 334679
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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 an address, with all other like empowered.

SIGNATURE: *Sigmy Gudjonsdottir* **SIGNY GUDJONSDOTTIR** 7/27/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #