

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90100 047 ***150.00



DOCUMENT # 553452
 1. Entity Name
SELVIDGE TECHNOLOGY, INC.

Principal Place of Business: **600 N CHURCH AVE. MULBERRY, FL 33860, US**
 Mailing Address: **P.O. BOX 435 MULBERRY, FL 33860, US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-1791320**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SELVIDGE, MARK D.
 600 N CHURCH AVENUE
 MULBERRY FL 33860**

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: *Barbara E. Selvidge* **BARBARA E. SELVIDGE** SEC/TREAS
 DATE: **02-15-06**
(NOTE: Registered Agent signature required when reconstituting)

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 | |
|--|--|
| TITLE: PD <input type="checkbox"/> Delete | NAME: SELVIDGE, MARK D. STREET ADDRESS: 6319 OAK SQUARE EAST CITY-ST-ZIP: LAKELAND FL |
| TITLE: STD <input type="checkbox"/> Delete | NAME: SELVIDGE, BARBARA E. STREET ADDRESS: 6319 OAK SQUARE EAST CITY-ST-ZIP: LAKELAND FL |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |

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: *Barbara E. Selvidge* **02-15-06** **863/425-4538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #