

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT #695718 1. Entity Name SELECTIVE INVESTMENT SERVICES, INC.	
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Principal Place of Business 331 SW 74TH TERRACE SUITE 100 PLANTATION, FL 33317-3843 US	Mailing Address 331 SW 74TH TERRACE SUITE 100 PLANTATION, FL 33317-3843 US
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2365854	Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EDMONDSON, W FRANK III 331 SW 74TH TERRACE PLANTATION, FL 33317

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

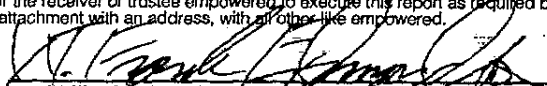
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000232303 02/16/05-R01169-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONDSON, W. FRANK III 331 SW 74TH TERR PLANTATION, FL 333173843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERO, BETTY E 331 SW 74 TERRACE PLANTATION, FL 333173843
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**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 954-587-8757
Date Daytime Phone #