

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039913

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SELECT PARTNERS, INC.

**Current Principal Place of Business:**

1803 EAST BROADWAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1803 EAST BROADWAY  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3640910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALANOFF, GARY  
698 COMANCHE ST  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BALANOFF, GARY  
Address: 698 COMANCHE ST  
City-St-Zip: OVIEDO, FL 32765 US

Title: TD ( ) Delete  
Name: JORDAN, BETH M  
Address: 7 CARDINAL DR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: MCCULLOCH, BRAD A  
Address: 361 RED MULBERRY CT  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: STEWART, REESE J  
Address: 14400 ST. GEORGES HILL DR  
City-St-Zip: ORLANDO, FL 32828 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BALANOFF

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date