


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90537 022 \*\*\*150.00

<b>DOCUMENT # P01000005440</b> 1. Entity Name <b>SELENA'S AND COMPANY, INC.</b>			
Principal Place of Business <b>2700 STATE RD. 16, STE. 904A ST. AUGUSTINE, FL 32092</b>		Mailing Address <b>2700 STATE RD. 16, STE. 904A ST. AUGUSTINE, FL 32092</b>	
2. Principal Place of Business <b>1 King St # 104</b> Suite, Apt. #, etc.		3. Mailing Address <b>826 Dodecanese Blvd</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine, FL</b>		City & State <b>Tarpon Springs, FL</b>	
Zip <b>32084</b>	Country <b>USA</b>	Zip <b>34689</b>	Country <b>USA</b>
4. FEI Number <b>59-3695663</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWDEN, KAREN 201 TARPON INDUSTRIAL DR. #2 TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float:right"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <b>WEPPLO, MARK C</b> <b>2700 STATE RD. 16, STE. 904A</b> <b>ST. AUGUSTINE, FL 32092</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: <u>Mark Wepplo</u> Mark Wepplo, President</b>		<b>4/29/05</b>	<b>727-945-1963</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>