2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # P05000013591 1. Entity Name SEAN C. SELK, P.A.					03-08-2006	5 90167 008 ***15	0.00	
Principal Place of Business Mailing Address			•	- 400				
4161 CHUKKE DRIVE WEST PALM BEACH, FL 33406		931 VILLAGE BLVD Suite 905-164 West Palm Beach, Fl 33409				NA 18 18 A H ara (1818 - 1 888 - 18 18) AR		
2. Principal Place of Business 4161 CHUKKER OR		3. Mailing Address 325 Clematis St						
Suite, Apt. #, etc.		Suite, Apt. #, etc. Sujtc 100-126		02122006	02122006 Chg-P CR2E034 (11/05)			
City & State	Im Beach, FL	City & State West Palm B		4. FEI Numbe	2914 00		oplied For of Applicable	
Zip 33406	Country	Zip	Country		of Status Desired	□ \$8.75 Add	ditional	
 	6. Name and Address of Current R	33401	USA	7. Name and	Address of New	Fee Require Registered Agent	:d	
Name								
SELK, SEAN C ESQ 4161 CHUKKER DRIVE WEST PALM BEACH, FL 33406				Street Address (P.O. Box Number is Not Acceptable)				
	22 (3), 7 2 33 (33							
			City			FL Zip Cod	le	
	med entity submits this statement for so registered agent.		./	gistered agent, or bot		,	and accept	
SIGNATURE	nature, typed or printed name of registered agent as	Sean C nd tale if applicable. (NOTE:	Se IK Registered Agent signisture i	required when renstating)	· · · · · · · ·	2/13/06 DATE		
	NOW!!! FEE IS \$150.00 1, 2006 Fee will be \$550.0			\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS Delete	TITLE		CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
1	ELK, SEAN C ESQ.	LJ Derete	u 1	P Selk Sean	C. Esa	Change		
	31 VILLAGE BLVD, SUITE 905-1	64	STREET ADDRESS 3	Selk , Sean 1 325 Clemati	5 157. 160146	2 fac 126		
TITLE	VEST PALM BEACH, FL 33409	☐ Delete	TITLE	Nest Palm	Beach, F	∠ 33 4 o.6 □ Change	Addition	
NAME		□ ocicie	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	,		Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP			☐ Change	Addition	
TITLE						I I Carange	L 1 WOURSUD	
NAME		☐ Delete	TITLE NAME			s.ia-igo		
. i		L.J Detete						

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

561 228 1848