2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000081513

1. Entity Name
SEL PLANTATION DEVELOPMENT NO. 1, INC.

Principal Place of Business	Mailing Address
3718 SANDSPUR LA	PO BOX 943
NOKOMIS, FL 34275 US	OSPREY, FL 34229 US

DO NOT WRITE IN THIS SPACE

02122006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0463666

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

LATTMANN, STEPHEN E
3718 SANDSPUR LA
NOKOMIS, FL 34275

6. 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, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000507550
04/21/06-00068-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	LATTMANN, STEPHEN E MR.
STREET ADDRESS	PO BOX 943
CITY-ST-ZIP	OSPREY, FL 342290943

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/9/06   941 356-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #