


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000083525

1. Entity Name
SELECT INVESTMENTS, INC.



Principal Place of Business
**1802 W. CLEVELAND ST.
 TAMPA, FL 33606**

Mailing Address
**1802 W. CLEVELAND ST.
 TAMPA, FL 33606**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3470008

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARBAS, RANDY R
 1802 W. CLEVELAND ST.
 TAMPA, FL 33606**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARBAS, RANDY R.
STREET ADDRESS	1802 W. CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DVST
NAME	BARBAS, STEPHEN M.
STREET ADDRESS	1802 W. CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	V
NAME	HELL, THOMAS J
STREET ADDRESS	3920 WATER OAK DR
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	V
NAME	WATROUS, FRED J
STREET ADDRESS	6525 SAWYER RD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/06-80014-023 150.00

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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:  **1/13/06** **873-254-6576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #