

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000083525
 1. Entity Name
 SELECT INVESTMENTS, INC.



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



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3470008 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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARBAS, RANDY R. 1802 W. CLEVELAND ST TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BARBAS, STEPHEN M. 1802 W. CLEVELAND ST TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELL, THOMAS J 3920 WATER OAK DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATROUS, FRED J 5525 SAWYER RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000717020
 04/30/07-80030-025 150.00

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: Randy R. Barbas 4/17/07 813-254-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #