

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 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



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3470008	Applied For Not Applicable
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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000951642
 06/04/08-89014-013 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08 813254-6575

Date

Daytime Phone #