

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102454

FILED  
Aug 13, 2004  
Secretary of State

Entity Name: SELECT MATCH SYSTEMS, INC.

**Current Principal Place of Business:**

4519 BEACH BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4519 BEACH BLVD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3645169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, WILLIAM H  
4519 BEACH BLVD  
JACKSONVILLE, FL 32207      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COLEMAN, WILLIAM H  
Address: 4519 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV ( ) Delete  
Name: COLEMAN, IRMA  
Address: 4519 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DST ( ) Delete  
Name: COLEMAN, AMY  
Address: 4519 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COLEMAN, WILLIAM H  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV (X) Change ( ) Addition  
Name: COLEMAN, IRMA  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DST (X) Change ( ) Addition  
Name: COLEMAN, AMY  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. COLEMAN

DP

08/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date