## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 21, 2006 8:00 am Secretary of State DOCUMENT # P05000149605 1. Entity Name 04-21-2006 90101 039 \*\*\*150.00 SELECT PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 1121 RICARDO AVENUE 1121 RICARDO AVENUE 40056336 LADY LAKE, FL 32159 LADY LAKE, FL 32159 2. Principal Place of Business 3. Mailing Address P.O. Box Jois Principal Place of Business 17853 SE 95th Cover Suite, Apt. #, etc. Suite, Apt. #, et 01202006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3196581 City & State City & State Applied For SUMMERFIELD LADY LAKE Not Applicable \$8.75 Additional 5. Certificate of Status Desired MARION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWIGERT, BRETT L 1121 RICARDO AVENUE Street Addres LADY LAKE, FL 32159 DUMMERFIELD 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 (NOTE. Registered Agent signature required when reinstating **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition SCHRADER, JOYCE-HELEN 17853 SE 95th-COURT SCHRADER, JOYCE-HELEN NAME NAME STREET ADDRESS P.O. BOX 2015 STREET ADDRESS LADY LAKE, FL 321582015 CITY-ST-ZIP CITY-ST-7IP SUMMERFIELD, FL 34491 ☐ Delete TETLE D, V ☐ Change ■ Addition CHADWICK, BRADLEY 17390 SE 824 ROSLYN COURT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32162 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 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 legat 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.

**FILED**