

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 578544

Entity Name: SELECT SALES, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

335 WASHINGTON BLVD NE
BAY 14
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26426
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-1954071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACKENZIE, IAN MARK
113 DREAMTIME AVE
LAKE PLACID, FL 33852 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACKENZIE, IAN,
Address: 14051 SW 272ND ST.
City-St-Zip: NARANJA, FL

Title: PD () Delete
Name: MACKENZIE, IAN
Address: 113 DREAMTIME AVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IAN MACKENZIE

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date