

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90029 039 \*\*\*150.00



DOCUMENT # F06000000812

1. Entity Name

REGAL SELECT SERVICES, INC.

Principal Place of Business

106 WEST COURT SQUARE  
 ABBEVILLE AL 36310

Mailing Address

PO BOX 130  
 ABBEVILLE AL 36310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-2856423

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

URRUTIA, RICHARD  
 5706 SOUTH LAGOON DRIVE  
 PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution:

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	URRUTIA, RICHARD	
STREET ADDRESS	PO BOX 130	
CITY-STATE-ZIP	ABBEVILLE AL 36310	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNDON, LEN	
STREET ADDRESS	PO BOX 130	
CITY-STATE-ZIP	ABBEVILLE AL 36310	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, CAROLYN	
STREET ADDRESS	PO BOX 130	
CITY-STATE-ZIP	ABBEVILLE AL 36310	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SINGELTARY, TAMI	
STREET ADDRESS	PO BOX 130	
CITY-STATE-ZIP	ABBEVILLE AL 36310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susie Blalock	
STREET ADDRESS	P.O. Box 130	
CITY-STATE-ZIP	Abbeville, AL 36310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carolyn Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 334-585-0750

Form

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