2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90153 031 ***150.00

DOCUMENT # K63832
1. Entity Name
SELECT PROPERTY REALTY, INC.

14007170

04262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
600 NORTHLAKE BLVD S-A N PALM BCH, FL 33408 US	600 NORTHLAKE BLVD S-A N PALM BCH, FL 33408 US

	2. Principal Place of Business	3. Mailing Address
Address	4421 NW Blitchton Rd.	4421 NW Blitchton Rd.
Suite, Apt. #, etc.	#421	#421
City & State	Ocala, FL	Ocala, FL
Zip	34482	34482
Country	USA	USA

4. FEI Number 65-0114387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAHL, MICHAEL
6206 LUCERNE ST.
PALM BCH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name: Michael D. Dahl
Street Address (P.O. Box Number is Not Acceptable): 6000 NW 70th Avenue
City: Ocala FL Zip Code: 34482

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] DATE: 4-27-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: STV NAME: DAHL, ROBERT S. STREET ADDRESS: 600 NORTHLAKE BLVD., SUITE A CITY-ST-ZIP: N. PALM BEACH, FL 33408	☐ Delete	☑ Change ☐ Addition 6000 NW 70th Avenue Ocala, FL 34482
TITLE: P NAME: DAHL, MICHAEL D STREET ADDRESS: 600 NORTHLAKE BLVD., SUITE A CITY-ST-ZIP: N. PALM BEACH, FL	☐ Delete	☑ Change ☐ Addition 6000 NW 70th Avenue Ocala, FL 34482
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] Michael D. Dahl 4-27-05 352-629-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #