

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 037 ***150.00

DOCUMENT # K92052

1. Entity Name

SELECT AMERICAN REALTY, INC.



Principal Place of Business

**C/O KEVIN REDMOND
3399 SW 42ND AVENUE
PALM CITY, FL 34990**

Mailing Address

**C/O KEVIN REDMOND
3399 SW 42ND AVENUE
PALM CITY, FL 34990**

40015988



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**REDMOND, KEVIN
3399 SW 42ND AVENUE
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REDMOND, KEVIN
STREET ADDRESS	6960 SW GATOR TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	KAYLIE, HARVEY
STREET ADDRESS	13 NEPTUNE AVE.
CITY-ST-ZIP	BROOKLYN, NY 11235
TITLE	D
NAME	KAYLIE, GLORIA
STREET ADDRESS	13 NEPTUNE AVE.
CITY-ST-ZIP	BROOKLYN, NY 11235
TITLE	D
NAME	KAYLIE, ROBERTA
STREET ADDRESS	13 NEPTUNE AVE.
CITY-ST-ZIP	BROOKLYN, NY 11235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 772-287-5802

Date

Daytime Phone #