

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L11092

1. Entity Name
CONTINENTAL SEL, INC.



Principal Place of Business

2341 NE 29TH AVE
OCALA, FL 34479 US

Mailing Address

2215 SE FT. KING ST
STE B
OCALA, FL 34471 US



02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2977655

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STRICKLAND, SCOTT C.
2341 NE 29TH AVE
OCALA, FL 34479

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRICKLAND, SCOTT C.
STREET ADDRESS	2341 NE 29TH AVE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	ST
NAME	STRICKLAND, VALERIE L.
STREET ADDRESS	2341 NE 29TH AVE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Strickland

Date

Daytime Phone #

(352) 369-4900