2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90051 018 ***150.00

1. Entity Nam	e	#L40611 SELING SERVI	CES, I	NC.)	04-23-2007	90051 01	8 ***15	0.00		
Principal Place of Business Mailing Address						1 -2-	• • •	73709				
3391 E SILVI	er springs	BLVD.		P. O. BOX 1807			400	10.				
SUITE C OCALA, FL 34478-1807 US OCALA, FL 34470 US							'					
Z. Principal P	lace of Busin	ess - No P.O. Box #	3,	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01302007	Chg-P	CR2E03	14 (12/06)		
City & State			ĺ	City & State			4. FEI Numbe 59-298				plied For It Applicable	
Zip	Zip Country			Zip Coun		itry	5. Certificate of Status Desired S8.7		8.75 Add	litional		
	6. Name	and Address of Curr	ent Rogis	stered Agent				Address of New R	F	ee Require	d	
		2110 11201033 01 04111	on regi	ACTUAL AGUIT		Name	7. Haine and	Address of New K	egistered A	Aeur		
PAGE, DA		RNGS BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
SUITE C		WOODEVD.						•				
OCALA, FI	L 344/0									1		
		_				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 renstating) DATE												
.												
		FEE IS \$150,00 7 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont		**	5.00 May Be ded to Fees					
10.	, <u> </u>	OFFICERS A	ND DIRE		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND			
TITLE NAME	D PAGE, DA	WID H.		☐ Delete	TITL:	I				☐ Change	Addition	
STREET ADDRESS	320 SKYE					EET ADDRESS						
CITY-ST-ZIP		G, FL 34788			CITY	-ST-ZIP						
TITLE NAME	PST PAGE, DA	WID H		Delete	TITL:					☐ Change	☐ Addition	
STREET ADDRESS	320 SKYE					EE1 ADDRESS						
CHY-ST-ZIP	LEESBUR	G, FL 34788			CITY	-SI-ZIP						
TITLE				☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM SIRE	EE I ADDRESS						
CITY-ST-ZIP						-SI-ZIP						
TITLE				☐ Delete	TITL.	E			······································	☐ Change	Addition	
NAME OTTER + DODGE					NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS - S1 - ZIP						
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NAME				_ Single	NAM					_ onunge		
STREET ADDRESS CHTY-ST-ZIP						EE1 ADDRESS						
TITLE		<u> </u>		Delete	TITL					☐ Change	Addition	
NAME					NAM	1						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	pertify that the	information expolice	with this !	filing does not qualify to	r the ev	emptions contains	nd in Chanta: 140	Elorido Stoures 1	further	h	oform-+	
12. Thereby certify that the information supplied with this filling 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 given like empowered.												

SIGNATURE: _	Hoge	David H Page	4/18/07	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Date	Daytime Phone #	