

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035638

Entity Name: SELECT LABS, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

1734 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

3334 NW 25TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

1734 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

3334 NW 25TH TERRACE
GAINESVILLE, FL 32605

FEI Number: 65-1180606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN SANTVOORT, LINDA
1734 NW 39TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

VAN SANTVOORT, LINDA
3334 NW 25TH TERRACE
GAINESVILLE, FL 32605 US

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.

SIGNATURE:

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VAN SANTVOORT, LINDA
Address: 1734 NW 39TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: CASTILLO, SABRINA
Address: 1734 NW 39TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: VAN SANTVOORT, CLAUDINE
Address: 1734 NW 39TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VAN SANTVOORT, LINDA
Address: 3334 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change () Addition
Name: CASTILLO, SABRINA
Address: 3334 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change () Addition
Name: VAN SANTVOORT, CLAUDINE
Address: 3334 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA VAN SANTVOORT

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date