2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000027410

1. Entity Name
SELECT PROPERTIES OF PALM HARBOR FLORIDA, INC.

Principal Place of Business	Mailing Address
2300 CURLEW ROAD SUITE 201 PALM HARBOR, FL 34683	2300 CURLEW ROAD SUITE 201 PALM HARBOR, FL 34683

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2378248	Not Applicable

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

6. Name and Address of Current Registered Agent

DUBOW, DAVID R
2951 WENTWORTH WAY
TARPON SPRINGS, FL 34688

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   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DUBOW, DAVID R
STREET ADDRESS	2951 WENTWORTH WAY
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80081-025 150.00

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: _____   4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #