

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90024 024 \*\*\*150.00

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07032006 Chg-P CR2E034 (11/05)

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P05000088540</b><br>1. Entity Name<br><b>SELECTSELL REALTY CO.</b>   |   |   |   |   |  |
| Principal Place of Business<br>4958 ORTEGA BLVD<br>JACKSONVILLE, FL 32210  |   |   | Mailing Address<br>4958 ORTEGA BLVD<br>JACKSONVILLE, FL 32210   |   |  |
| 2. Principal Place of Business<br><i>5345-5 Ortega Blvd</i>  |   | 3. Mailing Address<br><i>5345-5 Ortega Blvd.</i>  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State<br><i>Jacksonville FL</i>   |   | City & State<br><i>Jacksonville FL</i>  |   | 4. FEI Number<br><i>64785637</i>  |  |
| Zip<br><i>32210</i>  |   | Country<br><i>USA</i>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145  |   |   | 7. Name and Address of New Registered Agent<br>Name <i>Tison Todd Tippin</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>4958 Ortega Blvd.</i><br>City <i>Jacksonville</i> FL Zip Code <i>32210</i> |   |  |
| 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.<br>SIGNATURE <i>[Signature]</i> DATE <i>7.3.06</i><br><small>(NOTE: Registered Agent signature required when registering)</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PVST<br>TIPPIN, JASON T<br>4958 ORTEGA BLVD<br>JACKSONVILLE, FL 32210 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>TIPPIN, TIMOTHY S<br>4958 ORTEGA BLVD<br>JACKSONVILLE, FL 32210  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>TIPPIN, TERRY<br>4958 ORTEGA BLVD<br>JACKSONVILLE, FL 32210      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <i>7.3.06</i> Daytime Phone <i>904.553.8258</i>  |   |  |