2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90101 039 ***150.00

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1. Entity Name
SELECT PROPERTY SERVICES, INC.

Principal Place of Business	Mailing Address
1121 RICARDO AVENUE LADY LAKE, FL 32159	1121 RICARDO AVENUE LADY LAKE, FL 32159

400056336

01202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
17853 SE 95th COURT	P.O. BOX 2015
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUMMERFIELD, FL	City & State: LADY LAKE, FL
Zip: 34491 Country: MARION	Zip: 32158 Country: LAKE

4. FEI Number: 20-3796581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWIGERT, BRETT L 1121 RICARDO AVENUE LADY LAKE, FL 32159	Name: JOYCE-HELEN SCHRADER Street Address (P.O. Box Number is Not Acceptable): 17853 SE 95th COURT City: SUMMERFIELD FL Zip Code: 34491

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: Joyce-Helen Schrader — April 19, 2006
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, JOYCE-HELEN P.O. BOX 2015 LADY LAKE, FL 321582015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P SCHRADER, JOYCE-HELEN 17853 SE 95TH COURT SUMMERFIELD, FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V CHADWICK, BRADLEY 17390 SE 82nd ROSLYN COURT THE VILLAGES, FL 32162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Joyce-Helen Schrader — April 19, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #