

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000013454</b>	
1. Entity Name SELCO ENTERPRISES, INC.	

Principal Place of Business 2748 NW 34TH TERRACE LAUDERDALE LAKES, FL 33311	Mailing Address 2748 NW 34TH TERRACE LAUDERDALE LAKES, FL 33311 US
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**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0467153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASELL, DWIGHT  
2748 NW 34TH TERRACE  
LAUDERDALE LAKES, FL 33311

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

U000000346026  
04/30/05-80059-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASELL, DWIGHT
STREET ADDRESS	2748 NW 34TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	CASELL, CYNTHIA
STREET ADDRESS	2748 NW 34TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dwight Cassell (Dwight Cassell) Pres. 4-28-05 9547316573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #