

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 024 \*\*\*150.00

**DOCUMENT # P95000075630**

1. Entity Name  
**SELECT SPACE LOGISTICS COMPANY**



Principal Place of Business  
 2049 W. LANDSTREET RD  
 ORLANDO, FL 32809 US

Mailing Address  
 P.O. BOX 690636  
 ORLANDO, FL 32869 US

**40093153**



2. Principal Place of Business - No P.O. Box #  
**1453 42ND ST. N.W.**

3. Mailing Address  
 Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State  
**WINTER HAVEN FL**

City & State

4. FEI Number  
**59-3352147**

Applied For  
 Not Applicable

Zip  
**33881**

Country  
**POLK**

Zip Country

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

6. Name and Address of Current Registered Agent  
**PHILLIPS, CONSTANCE P**  
**2049 W LANDSTREET RD**  
**ORLANDO, FL 32809**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2008 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 P NAME PHILLIPS, DAVID F STREET ADDRESS 2049 W. LANDSTREET RD CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1453 42ND ST. N.W.</b> <b>WINTER HAVEN, FL 33881</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPST NAME PHILLIPS, CONSTANCE M STREET ADDRESS 2049 W. LANDSTREET RD CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1453 42ND ST. N.W.</b> <b>WINTER HAVEN, FL 33881</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HADAWAY, WILLIAM J. STREET ADDRESS 650 CAYUGA DRIVE CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:** \_\_\_\_\_ **4/28/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #