

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 033 ***150.00

DOCUMENT # P97000012091

1. Entity Name
SELECTCOMM, INC.



Principal Place of Business
**1511 CESERY BLVD
JACKSONVILLE, FL 32211**

Mailing Address
**1511 CESERY BLVD
JACKSONVILLE, FL 32211**

50009947



04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

14476 Duval Place W.

Suite, Apt. #, etc.

111

City & State

JACKSONVILLE FL

Zip
32218

Country
USA

3. Mailing Address

14476 Duval Place W.

Suite, Apt. #, etc.

111

City & State

JACKSONVILLE FL

Zip
32218

Country
USA

4. FEI Number
59-3426832

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MAYERLEN, BRENDA J
3908 MUSKET TRAIL
JACKSONVILLE, FL 32277**

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 reconstituting)

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
**PD
MAYERLEN, BRENDA J
3908 MUSKET TRAIL
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MAYERLEN, SIGMUND M
3908 MUSKET TRAIL
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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

Brenda J. Mayerlen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06
Date

904-743-6454
Daytime Phone #