

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000083525

1. Entity Name
SELECT INVESTMENTS, INC.



Principal Place of Business
1802 W. CLEVELAND ST.
TAMPA, FL 33606

Mailing Address
1802 W. CLEVELAND ST.
TAMPA, FL 33606



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3470008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBAS, RANDY R
1802 W. CLEVELAND ST.
TAMPA, FL 33606

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BARBAS, RANDY R.
1802 W. CLEVELAND ST
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
BARBAS, STEPHEN M.
1802 W. CLEVELAND ST
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HELL, THOMAS J
3920 WATER OAK DR
LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WATROUS, FRED J
5525 SAWYER RD
LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000717020
04/30/07-80030-025 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy R. Barbas

Date

4/17/07

Daytime Phone #

813-254-6575