

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102454

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: SELECT MATCH SYSTEMS, INC.

## Current Principal Place of Business:

4519 BEACH BLVD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

1613 KING STREET  
JACKSONVILLE, FL 32204

## Current Mailing Address:

4519 BEACH BLVD  
JACKSONVILLE, FL 32207

## New Mailing Address:

1613 KING STREET  
JACKSONVILLE, FL 32204

FEI Number: 59-3645169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLEMAN, WILLIAM H  
4519 BEACH BLVD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

COLEMAN, WILLIAM H  
1613 KING STREET  
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: WILLIAM H. COLEMAN

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COLEMAN, WILLIAM H  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV ( ) Delete  
Name: COLEMAN, IRMA  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DST ( ) Delete  
Name: COLEMAN, AMY  
Address: 1613 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. COLEMAN

CHRM

01/18/2005

Electronic Signature of Signing Officer or Director

Date