

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90012 040 ***150.00

DOCUMENT # P99000081795

1. Entity Name
SELECTEDLAND, INC.



Principal Place of Business
1009 29TH AVE N
NAPLES FL 34013

Mailing Address
2640 WHITE BLVD
NAPLES FL 34117



2. Principal Place of Business - No P.O. Box #
2640 White Blvd
Suite, Apt. #, etc.
Naples

3. Mailing Address
Suite, Apt. #, etc.
City & State
Naples FL

1st MOORE CR2E034 (10/06)

City & State
Naples FL
Zip
34117
Country
USA

City & State
Zip
Country

4. FEI Number
65-0943401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWMAN, TONY D
2640 WHITE BLVD
NAPLES FL 34117

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

(NOTE: Registered Agent signature required when re-registering)

DATE

02/26/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
P
MUMM, BRUCE
1009 29TH AVE N
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BOWMAN, TONY D
2640 WHITE BLVD
NAPLES FL 34117 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tony D. Bowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/07

Date

239-352-1804

Daytime Phone #