

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090474

Entity Name: SOUR, INC.

FILED  
Aug 27, 2008  
Secretary of State

## Current Principal Place of Business:

2292 MAYPORT ROAD  
SUITE # 15 & 16  
JACKSONVILLE, FL 32233 US

## New Principal Place of Business:

## Current Mailing Address:

2324 PINE ISLAND COURT  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

2292 MAYPORT ROAD  
SUITE # 15 & 16  
JACKSONVILLE, FL 32233 US

FEI Number: 83-0490634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSIDINE, TRACY J ESQ  
1 SLEIMAN PARKWAY  
SUITE 210  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POWERS, VICTORIA E  
Address: 2324 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D (X) Delete  
Name: SOURDIFF, KULLEN T  
Address: 2324 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D ( ) Delete  
Name: LACROSS, BRAD  
Address: 2324 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SOURDIFF, KULLEN T  
Address: 14750 BEACH BLVD - #51  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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

Title: D (X) Change ( ) Addition  
Name: LACROSS, BRAD  
Address: 14750 BEACH BLVD - #51  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KULLEN SOURDIFF

DIR

08/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date