

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 031 ***150.00

DOCUMENT # F01000006465					
1. Entity Name CARTRIDGE SOURCE OF AMERICA, INC.					
Principal Place of Business 8850 GRISSOM PKWY TITUSVILLE, FL 32780		Mailing Address 1427 CHAFFEE DR. TITUSVILLE, FL 32780			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8850 GRISSOM PKWY Suite, Apt. #, etc.			
City & State		City & State TITUSVILLE FL		4. FEI Number 88-0398940	
Zip		Country 32780 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURSTON, JOSEPH R 8850 GRISSOM PKWY TITUSVILLE, FL 32780			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 commits 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: DATE: <u>7-23-07</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C HURSTON, JOSEPH R 8850 GRISSOM PKWY TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:		Date: <u>7-23-07</u> Daytime Phone #: <u>321-267-7726</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



Cartridge Source
of America, Inc.

ATTACHMENT

40127108

#F01000006465

Website: www.cartridgesourceofamerica.com

8850 Grissom Parkway
Titusville, Florida 32780
(321)267-7726
1-888-319-2500
Fax (321)267-7353

July 23, 2007

Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed you will find \$150.00 Filing Fee for Cartridge Source of America (Document #F01000006465). I respectfully request that you waive the Late Fee on this Annual Report. The reason for my request is that the Mailing Address had not been changed to our new address. The application forms had been sent to our old address and we never received them. It was only when we received the "Notice of Intent to Dissolve" that we realized the problem.

I phoned your office and was advised to write this letter explaining the circumstances. I have enclosed our Annual Report and you will note that our Corporate Address of 8850 Grissom Parkway is correct. However, the mailing address of 1427 Chaffee Drive Suite 5 was still in place.

Please make the change as per our written request on the Annual Report so that next year we may file our Annual Report on time. Thank you for your consideration on this matter. Feel free to phone me at: 321-267-7726 if you have any questions.

Sincerely,

Joe Hurston

President - Cartridge Source of America