

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003005

FILED
Jan 05, 2007
Secretary of State

Entity Name: THE SOURCE FOR RELOCATION SERVICES IN INDIANA, INC.

Current Principal Place of Business:

853 MAIN STREET, STE B
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

853 MAIN STREET, STE B
SAFETY HARBOR, FL 34695

New Mailing Address:

853 MAIN STREET, STE B
SAFETY HARBOR, FL 346953556

FEI Number: 35-1912037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, STEPHEN P
853 MAIN STREET, STE B
SAFETY HARBOR, FL 346953356 US

Name and Address of New Registered Agent:

RUSSELL, STEPHEN P
853 MAIN STREET, STE B
SAFETY HARBOR, FL 346953556 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:

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: RUSSELL, STEPHEN P
Address: 4 HARBOR COVE ST
City-St-Zip: SAFETY HARBOR, FL 346952821

Title: VCVP () Delete
Name: RUSSELL, BARBARA K
Address: 4 HARBOR COVE ST
City-St-Zip: SAFETY HARBOR, FL 346952821

Title: S () Delete
Name: RUSSELL, BARBARA K
Address: 4 HARBOR COVE ST
City-St-Zip: SAFETY HARBOR, FL 346952821

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 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: STEPHEN P. RUSSELL

CPT

01/05/2007

Electronic Signature of Signing Officer or Director

Date