

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003005

FILED  
Apr 05, 2008  
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 346953556

**New Mailing Address:**

3001 EGRET TERRACE  
SAFETY HARBOR, FL 34695 53

**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 346953556 US

**Name and Address of New Registered Agent:**

RUSSELL, STEPHEN P  
3001 EGRET TERRACE  
SAFETY HARBOR, FL 346955340 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:

04/05/2008

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: CPT (X) Change ( ) Addition  
Name: RUSSELL, STEPHEN P  
Address: 3001 EGRET TERRACE  
City-St-Zip: SAFETY HARBOR, FL 346955340

Title: VCVP (X) Change ( ) Addition  
Name: RUSSELL, BARBARA K  
Address: 3001 EGRET TERRACE  
City-St-Zip: SAFETY HARBOR, FL 346955340

Title: S (X) Change ( ) Addition  
Name: RUSSELL, BARBARA K  
Address: 3001 EGRET TERRACE  
City-St-Zip: SAFETY HARBOR, FL 346955340

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: STEPHEN P. RUSSELL

CPT

04/05/2008

Electronic Signature of Signing Officer or Director

Date