

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002879

Entity Name: PLACEMENT SOURCE, INC.

FILED
Jan 27, 2008
Secretary of State

Current Principal Place of Business:

2323 STATE ROAD 84
SLOCUM 359
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

428 CHILDERS ST.
PENSACOLA, FL 32534

Current Mailing Address:

PMB 6740, PO BOX 2428
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 84-1582894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, MARK S
428 CHILDERS ST.
PENSACOLA, FL 32534 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: CPS () Delete
Name: FULLER, MARK S
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 33312

Title: VCVP () Delete
Name: FULLER, SUSAN
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 33312

Title: T () Delete
Name: FULLER, SUSAN E
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: FULLER, MARK S
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 32534

Title: VCVP (X) Change () Addition
Name: FULLER, SUSAN
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 32534

Title: T (X) Change () Addition
Name: FULLER, SUSAN E
Address: 428 CHILDERS ST.
City-St-Zip: PENSACOLA, FL 32534

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: MARK S FULLER

CPS

01/27/2008

Electronic Signature of Signing Officer or Director

Date