

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F10093

1. Entity Name  
RE:SOURCE SOUTH FLORIDA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 23 AM 10:41

Principal Place of Business  
2859 PACES FERRY RD  
SUITE 2000  
ATLANTA, GA 30308

Mailing Address  
2859 PACES FERRY RD  
SUITE 2000  
ATLANTA, GA 30308



2. Principal Place of Business  
3350 Burris Road  
Suite, Apt. #, etc.

3. Mailing Address  
3350 Burris Road  
Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State  
Ft. Lauderdale, FL  
Zip 33314 Country USA

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Ft. Lauderdale, FL  
Zip 33314 Country USA

4. FEI Number  
59-2038003  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
David Vernon  
Street Address (P.O. Box Number is Not Acceptable)  
3350 Burris Road  
City  
Ft. Lauderdale FL Zip Code 33314

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR Is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS               | CITY-ST-ZIP       | <input checked="" type="checkbox"/> Delete |
|-------|--------------------|------------------------------|-------------------|--------------------------------------------|
| VP    | FOYE, JOSEPH       | 2859 PACES FERRY RD., #2000  | ATLANTA, GA 30339 | <input checked="" type="checkbox"/>        |
| D     | HENDRIX, DANIEL T  | 2859 PACES FERRY RD., #2000  | ATLANTA, GA 30339 | <input checked="" type="checkbox"/>        |
| S     | WILLOCH, RAYMOND S | 2859 PACES FERRY RD., #2000  | ATLANTA, GA 30339 | <input checked="" type="checkbox"/>        |
| P     | PROSSER, DAVID L   | 2859 PACES FERRY ROAD, #2000 | ATLANTA, GA 30339 | <input checked="" type="checkbox"/>        |
| T     | LYNCH, PATRICK     | 2859 PACES FERRY ROAD, #2000 | ATLANTA, GA 30339 | <input checked="" type="checkbox"/>        |
|       |                    |                              |                   | <input type="checkbox"/>                   |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE                         | NAME          | STREET ADDRESS                  | CITY-ST-ZIP              | <input checked="" type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------------------------------|---------------|---------------------------------|--------------------------|--------------------------------------------|----------------------------------------------|
| P, S, T                       | David Vernon  | 3350 Burris Road                | Ft. Lauderdale, FL 33314 | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| Vice President-Administration | Audebra Lundy | 3350 Burris Rd., Ft. Lauderdale | FL 33314                 | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|                               |               |                                 |                          | <input type="checkbox"/>                   | <input type="checkbox"/>                     |
|                               |               |                                 |                          | <input type="checkbox"/>                   | <input type="checkbox"/>                     |
|                               |               |                                 |                          | <input type="checkbox"/>                   | <input type="checkbox"/>                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
David Vernon, President

Date

954/581-8115

Daytime Phone #