

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J73877

1. Entity Name  
THE MONEY SOURCE, INC.



Principal Place of Business  
821 DOUGLAS AVE  
SUITE 183  
ALTAMONTE SPRINGS, FL 32714-5210 US

Mailing Address  
821 DOUGLAS AVE  
SUITE 183  
ALTAMONTE SPRINGS, FL 32714-5210 US



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2812254

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROWN, MARCUS E  
821 DOUGLAS AVE  
SUITE 183  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U00000110818  
04/12/04 00000 010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BROWN, MARCUS E  
STREET ADDRESS 821 DOUGLAS, AVE SUITE 183  
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

TITLE SD  
NAME BROWN, DEBORAH L  
STREET ADDRESS 821 DOUGLAS AVE SUITE 183  
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP  
NAME RUEDLINGER, AIME A  
STREET ADDRESS 821 DOUGLAS AVE STET 183  
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04 407-788-0300