


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 009 ***150.00

DOCUMENT # L26102		
1. Entity Name SOURCE MORTGAGE, INC.		
Principal Place of Business 7236 JACARANDA LN MIAMI LAKES FL 33014 US		Mailing Address P O BOX 4338 HIALEAH FL 33014-0338 US
2. Principal Place of Business - No P.O. Box # 573 ORANGE AVE		3. Mailing Address 573 ORANGE AVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State SEBASTIAN FL		City & State SEBASTIAN FL
Zip 32958-4041	Country USA	Zip 32958-4041 Country USA



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0156472		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEIBNITZER, CHARLES N. 7236 JACARANDA LN MIAMI LAKES FL 33014		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEIBNITZER, CHARLES N. 7236 JACARANDA LN MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: CHARLES N. LEIBNITZER Charles N. Leibnitzer **3-14-07** **772-589-3361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #