

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M88322 1. Entity Name THE SOURCE GROUP OF COMPANIES INC.					
Principal Place of Business 116 TUPELO A FT. WALTON BEACH FL 32554 US			Mailing Address P. O. BOX 461 P.O. BOX 461 FT. WALTON BEACH FL 32549 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2897020 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STROM, LEN 116 TUPELO SUITE A FT. WALTON BEACH FL 32548	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	STROM, LEN		NAME		
STREET ADDRESS	6 LAKESIDE COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	RABELL, FRANK		NAME		
STREET ADDRESS	P. O. BOX 461		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

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 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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CITY-ST-ZIP			CITY-ST-ZIP		

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: FRANK RABELL 2/2/06 850.585.47.