


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000019097 1. Entity Name ONE SOURCE INDUSTRIES INC.	
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Principal Place of Business 14240 CARLSON CIRCLE TAMPA, FL 33626	Mailing Address 14240 CARLSON CIRCLE TAMPA, FL 33626
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODWARD, GARY 18306 CRAWLEY ROAD ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, GARY 18306 CRAWLEY RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WOODWARD, GARY 18306 CRAWLEY ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOODWARD, GARY 18306 CRAWLEY ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/04-80049-024 150.00

**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:  Gary Woodward	Date: 2/17/04	Daytime Phone #: 813 855-3490
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