

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90123 015 \*\*\*150.00

<b>DOCUMENT # P00000110418</b> 1. Entity Name <b>AD SOURCE ADVERTISING, INC.</b>					
Principal Place of Business <b>2128 E EDGEWOOD DR SUITE 305 LAKELAND, FL 33803 US</b>			Mailing Address <b>P.O. BOX 5994 LAKELAND, FL 33807-5994</b>		
2. Principal Place of Business <b>2128 E. Edgewood Dr.</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 301</b>			Suite, Apt. #, etc.		
City & State <b>Lakeland, FL</b>			City & State		
Zip <b>33803</b>		Country <b>US</b>		Zip	
Country <b>US</b>		Zip		Country	
4. FEI Number <b>59-3682081</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KNAPP, STEPHEN M 5417 SOUTH FLORIDA AVE. LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TINSLEY, DONOVAN 2128 E. EDGEWOOD DR. STE. 305 LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2128 E. Edgewood Dr. STE 301 Lakeland, FL 33803</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TINSLEY, HEATHER 2128 E. EDGEWOOD DR. STE. 305 LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2128 E. Edgewood Dr. STE 301 Lakeland, FL 33803</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
<b>SIGNATURE:</b> <u>Heather Tinsley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/2/05</u> Daytime Phone # <u>8636650155</u>		