


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000094878</b> 1. Entity Name THE RETAIL SOURCE, INC.		
Principal Place of Business PO BOX 5305 LARGO, FL 33779	Mailing Address PO BOX 5305 LARGO, FL 33779	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CALLAHAN, JACK 451 CENTRAL PARK DR LARGO, FL 33771		<b>DO NOT WRITE IN THIS SPACE</b>
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 reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000409230 02/08/06-80087-017 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHITCOMBE, EILEEN F PO BOX 5305 LARGO, FL 33779	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WHITCOMBE, NEIL P.O. BOX 5305 LARGO, FL 33779	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Eileen F. Whitcombe Eileen Whitcombe</u> 1-26-06 727-397- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>President</u> 2822 Daytime Phone #		



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1972134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	