2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2004 8:00 am Secretary of State 05-03-2004 90429 020 ***150.00 5/.

DOCUMENT # P03000076 1. Entity Name SOL SOURCE MARKETING, INC.	457		03-03-20	04 20422 020 130.00	
Principal Place of Business 1152 CIRCLE DR LAKE WALES, FL 33853	Mailing Address 1152 CIRCLE DR LAKE WALES, FL 33853		66427425		
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03162004 Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Number 20-0111118	Applied For Not Applicable	
ZipCountry	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
S. Name and Address of Current Registered Agent Name Name			7, Name and Address of New	Registered Agent	
SCHROEDER, DAVID'B		_Street Address (Street Address (P.O. Box Number is Not Acceptable)		
LAKE WALES, FL 33853					
		City	<u></u>	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.					
T SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contribu		.00 May Be led to Fees	DATE	
TIRE D	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11 Change Addition	
NAME SCHROEDER, DAVID B STREET ADDRESS 1152 CIRCLE DR CITY-S1-ZIP LAKE WALES, FL 33853		NAME STREET ACORESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-51-ZP	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS COTY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MANE STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	□ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this fiting 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 SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER OR	Schroeder	<u> </u>	04 863-528-8024 Dayline Phone 8	