

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088990

FILED  
Aug 19, 2005  
Secretary of State

Entity Name: SOURCE 1 SPECIALTY SERVICES, INC.

## Current Principal Place of Business:

851 W SR 434 SUITE 124  
LONGWOOD, FL 32750

## New Principal Place of Business:

851 E SR 434  
SUITE 126  
LONGWOOD, FL 32750

## Current Mailing Address:

851 W SR 434 SUITE 124  
LONGWOOD, FL 32750

## New Mailing Address:

851 E SR 434  
SUITE 126  
LONGWOOD, FL 32750

FEI Number: 20-1227721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, MICHELLE  
851 W SR 434 SUITE 124  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

SMITH, LEANNE M OWNER  
851 E SR 434  
SUITE 126  
LONGWOOD, FL 32750 US

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.

SIGNATURE: LEANNE MICHELLE SMITH

08/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, LEANNE M  
Address: 218 LOCH LOW DR  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: MILLER, CHAD  
Address: 1165 CITRIS OAKS RUN  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: HYMEL, BOBBY  
Address: 312 INGLENOOK CR  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE MICHELLE SMITH

D

08/19/2005

Electronic Signature of Signing Officer or Director

Date