

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088990

FILED  
Jul 07, 2010  
Secretary of State

**Entity Name:** SOURCE 1 SPECIALTY SERVICES, INC.

**Current Principal Place of Business:**

851 E SR 434  
SUITE 126  
LONGWOOD, FL 32750

**New Principal Place of Business:**

920 BELLE AVE  
SUITE 1320  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

851 E SR 434  
SUITE 126  
LONGWOOD, FL 32750

**New Mailing Address:**

920 BELLE AVE  
SUITE 1320  
WINTER SPRINGS, FL 32708

**FEI Number:** 20-1227721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SMITH, LEANNE M OWNER  
920 BELLE AVE  
SUITE 1320  
WINTER SPRINGS, FL 32708 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

07/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SMITH, LEANNE M  
Address: 218 LOCH LOW DR  
City-St-Zip: SANFORD, FL 32773

Title: VP  
Name: MILLER, CHAD  
Address: 1165 CITRUS OAKS RUN  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SEC  
Name: HYMEL, BOBBY  
Address: 312 INGLENOOK CR  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: LEANNE MICHELLE SMITH

PRES

07/07/2010

Electronic Signature of Signing Officer or Director

Date