

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000059028

1. Entity Name
SOURCE INVESTMENTS, INC.



Principal Place of Business
4763 WESTWINDS DRIVE
DESTIN, FL 32550

Mailing Address
1839 BENT TREE LANE
TYLER, TX 75703

FILED
Aug 31, 2007 08:00 A
Secretary of State



08202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2719934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
4 ELEVENTH AVENUE
SUITE 1
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HART, JOHN W
1839 BENT TREE LANE
TYLER, TX 75708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HART, NANCY F
1839 BENT TREE LANE
TYLER, TX 75708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HART, JOHN M
955 AIRPORT ROAD #1321
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000773170
08/31/07-80003-017 550.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 NAME OF SIGNING OFFICER OR DIRECTOR

8/29/07 903-571-9494
Date Daytime Phone #