

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90020 030 ***150.00

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**

60043471



04302008 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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HART, JOHN W
STREET ADDRESS	1839 BENT TREE LANE
CITY-ST-ZIP	TYLER, TX 75708
TITLE	D
NAME	HART, NANCY F
STREET ADDRESS	1839 BENT TREE LANE
CITY-ST-ZIP	TYLER, TX 75708
TITLE	D
NAME	HART, JOHN M
STREET ADDRESS	265 AIRPORT ROAD #1324 1839 Bent Tree Lane
CITY-ST-ZIP	DESTIN, FL 32544 Tyler, TX 75708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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 NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

903-571-9494
Daytime Phone #