

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000115936

1. Entity Name
SOURCE ONE CREDIT REPAIR, INC.



08 OCT 22 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
287 9TH ST S
NAPLES, FL 34102 US

Mailing Address
1100 6TH AVE S STE 224
NAPLES, FL 34102 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4937354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOBY, SUE
800 SEAGATE DR
SUITE 202
NAPLES, FL 34103

Name
JERRY WEBSTER

Street Address (P.O. Box Number is Not Acceptable)
1100 6TH AVE S STE 224

City
NAPLES

FL

Zip Code
34102

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D WEBSTER, JERRY ☐ Delete
STREET ADDRESS
1100 6TH AVE SOUTH SUITE 224
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
NAME
D SUHR, HUGH ☐ Change ☒ Addition
STREET ADDRESS
9404 ARNAZ CIRCLE
CITY-ST-ZIP
PORT CHARLOTTE, FL 33981

TITLE
NAME
D NEITZEL, TIMOTHY ☐ Delete
STREET ADDRESS
1100 6TH AVE SOUTH SUITE 224
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
300137165653
CITY-ST-ZIP
10/22/08--01025--002 **\$69.95

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

10/22/08

(239) 287-9020

Date

Daytime Phone #