

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000144932**

1. Entity Name  
**PAGESOURCE ONE, INC.**



Principal Place of Business  
**4250 ST JOHNS PARKWAY  
SANFORD, FL 32771**

Mailing Address  
**4250 ST JOHNS PARKWAY  
SANFORD, FL 32771**



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-5925248</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

**STUTES, LARRY  
4250 ST JOHNS PARKWAY  
SANFORD, FL 32771**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

U000000894048  
04/24/08-80012-014 150.00

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | STUTES, LARRY W       |
| STREET ADDRESS | 4250 ST JOHNS PARKWAY |
| CITY-ST-ZIP    | SANFORD, FL 32771     |

|                |                       |
|----------------|-----------------------|
| TITLE          | V.P.                  |
| NAME           | STUTES, LARRY D       |
| STREET ADDRESS | 4250 ST JOHNS PARKWAY |
| CITY-ST-ZIP    | SANFORD, FL 32771     |

|                |                       |
|----------------|-----------------------|
| TITLE          | V.P.                  |
| NAME           | STUTES, DOUGLAS W     |
| STREET ADDRESS | 4250 ST JOHNS PARKWAY |
| CITY-ST-ZIP    | SANFORD, FL 32771     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| 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

4-10-08

Date

321 275 0555

Daytime Phone #