

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000010953

Entity Name: SOURCEITAMERICA INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2319 NURSERY ROAD  
CLEARWATER, FL 33764

## **New Principal Place of Business:**

2804 COUNTRYSIDE BLVD  
#3  
CLEARWATER, FL 33761

## **Current Mailing Address:**

2319 NURSERY ROAD  
CLEARWATER, FL 33764

## **New Mailing Address:**

2804 COUNTRYSIDE BLVD  
#3  
CLEARWATER, FL 33761

FEI Number: 30-0460414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLISON, WILLIAM R  
2319 NURSERY ROAD  
CLEARWATER, FL 33764 US

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

ALLISON, WILLIAM R  
2804 COUNTRYSIDE BLVD  
#3  
CLEARWATER, FL 33761 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:

01/05/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ALLISON, WILLIAM R  
Address: 2804 COUNTRYSIDE BLVD #3  
City-St-Zip: CLEARWATER, FL 33761

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: WILLIAM R. ALLISON

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date