

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029087

Entity Name: SOURCE SALES, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2019 SE 10TH LANE  
CAPE CORAL, FL 33990

## New Principal Place of Business:

924 DEL PRADO BLVD. S  
CAPE CORAL, FL 33990

## Current Mailing Address:

2019 SE 10TH LANE  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 26-2919138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARGUINZONI, JOSEPH  
2019 SE 10TH LANE  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARGUINZONI, JOSEPH  
Address: 2019 SE 10TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: MILLS, CAROL  
Address: 2019 SE 10TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH ARGUINZONI

PD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date