


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21386**  
 1. Entity Name  
**SOURCE INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**2301 PARK AVE. 2301 PARK AVE.**  
**SUITE 402 SUITE 402**  
**ORANGE PARK FL 32073 ORANGE PARK FL 32073**  
**US US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **59-3115627** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANTHONY, LARA H**  
**213 FLEMING FOREST LN**  
**ORANGE PARK FL 32003**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 a registered agent.  
 SIGNATURE *Lara H Anthony* DATE **1-23-08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, STEPHEN R	
STREET ADDRESS	11440 COUNTRY RD 13 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092-8930	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PALMER, BARBARA P	
STREET ADDRESS	5914 GRACE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAWFORD, DONALD E	
STREET ADDRESS	970 HWY 25 NORTH	
CITY-ST-ZIP	WAYNESBORO GA 30830	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTHONY, LARA H	
STREET ADDRESS	213 FLEMING FOREST LN	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	AVS	<input type="checkbox"/> Delete
NAME	EDWARDS, MONICA	
STREET ADDRESS	11440 COUNTY RD 13 NORTH	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092-8930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Palmer* **BARBARA PALMER** 1-23-08 904-215-8804