

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21386

FILED
Jan 06, 2009
Secretary of State

Entity Name: SOURCE INTERNATIONAL, INC.

Current Principal Place of Business:

2301 PARK AVE.
SUITE 402
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2301 PARK AVE.
SUITE 402
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3115627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, LARA H
213 FLEMING FOREST LN
ORANGE PARK, FL 32003 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, STEPHEN R
Address: 11440 COUNTRY RD 13 NORTH
City-St-Zip: ST. AUGUSTINE, FL 320928930

Title: VT () Delete
Name: PALMER, BARBARA P
Address: 5914 GRACE LANE
City-St-Zip: JACKSONVILLE, FL 32205

Title: V () Delete
Name: ANTHONY, LARA H
Address: 213 FLEMING FOREST LN
City-St-Zip: ORANGE PARK, FL 32003

Title: AVS () Delete
Name: EDWARDS, MONICA
Address: 11440 COUNTRY RD 13 NORTH
City-St-Zip: SAINT AUGUSTINE, FL 320928930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LARA ANTHONY

VP

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date