

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90021 002 \*\*\*158.75

**DOCUMENT # J29408**

1. Entity Name  
**INSOURCE, INC.**



Principal Place of Business  
**9500 S. DADELAND BLVD.  
#200  
MIAMI, FL 33156-2866 US**

Mailing Address  
**P. O. BOX 561567  
MIAMI, FL 33256-1567 US**

**40019649**



02122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2776540**

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

7. Name and Address of New Registered Agent

**WORLEY, J. HAYES JR.  
9500 S DADELAND BLVD  
STE 200  
MIAMI, FL 33156-2866**

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KLEIS, WILLIAM F  
9500 S DADELAND BLVD., #200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHAIRMAN / D  
WORLEY, J. HAYES JR.  
9500 S. Dadeland Blvd, #200  
MIAMI, FLA. 33156-2866** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SOTO, ALEJANDRO  
9500 S. DADELAND BLVD., #200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE CHAIRMAN / D  
HUMPHREY, HAROLD M.  
9500 S. Dadeland Blvd, #200  
MIAMI, FLA. 33156-2866** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BALL, CHARLES C  
9500 S DADELAND BLVD., #200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
LYONS, PHILLIP C  
9500 S. DADELAND BLVD., #200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SWICEGOOD, BRIAN E  
9500 S. DADELAND BLVD., #200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
VODICKA, CHARLES  
9500 S DADELAND BLVD 200  
MIAMI, FL 331562866** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

**CHARLES C. BALL - SEC.**

**2/11/05 305-670-5340**