

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J43041

Entity Name: INFOSOURCE, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1300 CITY VIEW CENTER  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 CITY VIEW CENTER  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 59-2336346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARRNER, THOMAS W  
1300 CITY VIEW CENTER  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WARRNER, THOMAS  
Address: 713 IRONWOOD CT.  
City-St-Zip: WINTER SPRINGS, FL

Title: DVPF  
Name: O'REILLY, LINDA  
Address: 2283 WESTMINSTER TERR  
City-St-Zip: OVIEDO, FL 32765

Title: DCEO  
Name: WERNER, MICHAEL  
Address: 1741 GLENCOE ROAD  
City-St-Zip: WINTER PARK, FL 32789 US

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: LINDA O'REILLY

DVPF

04/18/2011

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

\_\_\_\_\_  
Date