

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000070838

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE SOURCE GROUP, INC.

**Current Principal Place of Business:**

550 N. BUMBY AV  
SUITE 220  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

550 N. BUMBY AV  
SUITE 220  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 65-1251407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BODIE, SCOTT  
1033 LAKE BELL DR  
WINTER PK, FL 32789 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:** D  
**Name:** CAIRNS, ROBERT  
**Address:** 1446 CARRINGTON AVE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** D  
**Name:** BODIE, SCOTT  
**Address:** 1033 LAKE BELL DR  
**City-St-Zip:** WINTER PK, FL 32789 V

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:** JOHN SCOTT BODIE

PR

02/16/2011

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

\_\_\_\_\_  
Date