

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000052765**

1. Entity Name  
**INVESTMENT SOURCES, INC.**



Principal Place of Business

% HOLDING CAPITAL GROUP, INC.  
104 CRANDON BLVD., ROOM 419  
KEY BISCAYNE, FL 33149

Mailing Address

% HOLDING CAPITAL GROUP, INC.  
104 CRANDON BLVD., ROOM 419  
KEY BISCAYNE, FL 33149



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0596667**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, MYRNA  
104 CRANDON BLVD.  
ROOM 419  
KEY BISCAYNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DONAGHY, JAMES W  
STREET ADDRESS 7 RIDGEWOOD DRIVE  
CITY-ST-ZIP BRIDGEWATER, CT 06752

TITLE VS  
NAME LEISCHNER, STEVEN  
STREET ADDRESS 1979 DOGWOOD DRIVE  
CITY-ST-ZIP SCOTCH PLAINS, NJ 07076

TITLE CD  
NAME SPENCER, S.A.  
STREET ADDRESS 251 CRANDON BLVD., #164  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE AS  
NAME DENIS, LYNNE  
STREET ADDRESS 630 THIRD AVENUE 7TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000143634  
04/30/04-80100-019 150.00

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IN THIS SPACE**

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

4-26-04 (305) 361-8864

Date

Daytime Phone #