

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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



01242006 No Chg-P CR2E034 (11/05)

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, 2006 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

000000438883
03/01/06-80024-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2-6-06

Date

Daytime Phone #

(305)361-8864