2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000015572

1. Entity Name
INSIGHT REALTY GROUP, INC.

Principal Place of Business	Mailing Address
4446-1A/413 HENDRICKS AVE.	4446-1A/413 HENDRICKS AVE.
JACKSONVILLE, FL 32207	JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

02132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3627021	Not Applicable

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

6. Name and Address of Current Registered Agent

TEDDERS, EMORY H
4446-1A/413 HENDRICKS AVE.
JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| **FILE NOW!!! FEE IS $150.00** | 9. Election Campaign Financing | **$5.00** May Be |
| **After May 1, 2005 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEDDERS, EMORY H
STREET ADDRESS	4446-1A/413 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/16/05-80070-020 150.00

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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: _____ Emory Tedders   2005.02.15 904.634.8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #