

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000015572

1. Entity Name  
INSIGHT REALTY GROUP, INC.



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

Mailing Address  
4446-1A/413 HENDRICKS AVE.  
JACKSONVILLE, FL 32207



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3627021

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
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  
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CITY-ST-ZIP

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U000000918940  
05/13/08-80102-015 150.00

**DO NOT WRITE  
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

Date

Daytime Phone #

*Tedders Emory Tedders* 2008.04.21 904.634.8800