## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # P02000003515 1. Entity Name 05-02-2007 90059 012 \*\*\*150.00 INSITE CONSULTANT GROUP, INC. Principal Place of Business Mailing Address 32548 200 HWY 98 EAST 206 HWY 90 EAST ---Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 03-0374450 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANGER, DON P SR Street Address (P.O. Box Number is Not Acceptable) 206 HWY 98-EAST? DESTIN, FL 32541 49 Brooks Street Zip Code T. WALTON BEACH, FL 32548 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!N FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ■ Addition TITLE Delete ☐ Change NAME GRANGER, DON P SR. NAME 149 BROOKS ST. 206 HWY 98 EAST STREET ADDRESS STREET ADDRESS DESTIN FL 32541 FTWMIGH BCH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME 3MAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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