

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90010 020 ***150.00

DOCUMENT # P02000034426

1. Entity Name

INSIGHT. COMPUTER TRAINING, INC.



Principal Place of Business

13007 FAIR GREEN DRIVE
RIVERVIEW FL 33569

Mailing Address

13007 FAIR GREEN DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

802 BELLE TIMBRE AVE.

3. Mailing Address

802 BELLE TIMBRE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip
33511

Country
U.S.A.

Zip
33511

Country
U.S.A.

4. FEI Number

66-0592800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENWOOD, MARY L ESQ.
755 W. LUMSDEN ROAD
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TRAVIS, CHERIE C
STREET ADDRESS 13007 FAIR GREEN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete
NAME HOUGHTALING, JOHN F
STREET ADDRESS 13007 FAIR GREEN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 802 BELLE TIMBRE AVE.
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 802 BELLE TIMBRE AVE.
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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