

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000058889

Entity Name: INSIGHT TO RECOVERY, INC.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1050 S. FEDERAL HWY - SUITE 132  
DELRAY BEACH, FL 33483

## **New Principal Place of Business:**

355 NE 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483

## **Current Mailing Address:**

1050 S. FEDERAL HWY - SUITE 132  
DELRAY BEACH, FL 33483

## **New Mailing Address:**

355 NE 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483

FEI Number: 30-0180275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

BROWN, HARVEY D  
1050 S. FEDERAL HWY - SUITE 132  
DELRAY BEACH, FL 33483 US

## **Name and Address of New Registered Agent:**

BROWN, HARVEY D  
355 NE 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: HARVEY D. BROWN

02/08/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, HARVEY D  
Address: 355 NE 5TH AVENUE, SUITE 5  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: BROWN, JULIE A  
Address: 355 NE 5TH AVENUE, SUITE 5  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE A. BROWN

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date