

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V01410

1. Entity Name

INSIGHT WITH INTEGRITY, INC.



Principal Place of Business

9856 SW VENTURA DR
PALM CITY FL 34990
US

Mailing Address

9856 SW VENTURA DR
PALM CITY FL 34990
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FCI Number

65-0303559

Applied For
Not Applied

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NORMANDY, MICHAEL L
9856 SW VENTURA DIVE
PALM CITY FL 34990

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 resigning)

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
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANDY, MICHAEL L	
STREET ADDRESS	9856 SW VENTURA DRIVE	
CITY-STATE-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANDY, MICHAEL	
STREET ADDRESS	9856 SW VENTURA DRIVE	
CITY-STATE-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANDY, EVELYN	
STREET ADDRESS	9856 SW VENTURA DRIVE	
CITY-STATE-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	000000450263	
CITY-STATE-ZIP	03/03/06-80086-022 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-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: *Michael L. Normandy*
Michael L. Normandy

2-27-06