

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 228561

1. Entity Name
INGRAM SIGNALIZATION, INC.



Principal Place of Business

4522 N DAVIS
P.O. BOX 414
PENSACOLA, FL 32591-0414 US

Mailing Address

4522 N DAVIS
P.O. BOX 414
PENSACOLA, FL 32591-0414 US



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0879719

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

INGRAM, TRACI D
4522 N. DAVIS HWY.
PENSACOLA, FL 32503

**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**

U000000338819
03/05/08-80043-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INGRAM, TRACI GAY
STREET ADDRESS	4591 BOHEMIA DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	WILSON, WILLIAM D
STREET ADDRESS	1285 GREENVIEW DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

TRACI GAY INGRAM

Date

Daytime Phone #

2/21/08 850-4338366