## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # 406866 1. Entity Name FRED INGLEY CONSTRUCTION, INC. Principal Place of Business Mailing Address 1248 HEMLOCK STREET TALLAHASSEE FL 32301 1248 HEMLOCK STREET TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1484632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGLEY, LUCY Street Address (P.O. Box Number is Not Acceptable) 1248 HÉMLOCK STREET TALLAHASSEE FL 32301 City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete HILE Change ☐ Addition U00000285971 NAME INGLEY, FRED III NAME 04/04/05-80010-002 150.00 CIRCET ADDRESS 1248 HEMLOCK STREET STREET ADDRESS CHY-ST-ZIP TALLAHASSEE FL CITY ST-ZIP **VSD** TITLE ☐ Delete THTLE Change Addition INGLEY, LUCY H. STREET ADDRESS 1248 HEMLOCK STREET STREET ADDRESS TALLAHASSEE FL CITY ST - ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST 7/P CHY-SL-7/P TITLE Change ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.