

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # H45825

1. Entity Name
INGRAM PRODUCTS, INC.



Principal Place of Business

**8725 YOUNGERMAN CT SUITE 206
JACKSONVILLE, FL 32244 US**

Mailing Address

**8725 YOUNGERMAN CT SUITE 206
JACKSONVILLE, FL 32244 US**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2646673

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

**IRVIN, WILLIAM A
8725 YOUNGERMAN CT
STE 206
JACKSONVILLE, FL 32244**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IRVIN, WILLIAM A
STREET ADDRESS 245 COKEBURY COURT
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE VP
NAME ENGLISH, WILLIAM K
STREET ADDRESS 3727 C CRESWIK CIRCLE
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE ST
NAME IRVIN, DORIS
STREET ADDRESS 245 COKEBURY COURT
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000856508
03/28/08-80015-001 150.00

**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

3/10/08

Date

904-778-1010

Daytime Phone #