


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006612		
1. Entity Name JJ INGS ENTERPRISE, INC.		

Principal Place of Business 1828 DAYTONA LANE NORTH JACKSONVILLE, FL 32218-3494	Mailing Address 1828 DAYTONA LANE NORTH JACKSONVILLE, FL 32218-3494
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
INGS, JAMES E 1828 DAYTONA LANE NORTH JACKSONVILLE, FL 32218-3494	

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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D INGS, JAMES E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGS, JAMES E	NAME	
STREET ADDRESS	1828 DAYTONA LANE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322183494	CITY-ST-ZIP	
TITLE	D INGS, JUANITA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGS, JUANITA M	NAME	
STREET ADDRESS	1828 DAYTONA LANE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322183494	CITY-ST-ZIP	
TITLE	D INGS, JAIMIE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGS, JAIMIE E	NAME	
STREET ADDRESS	1828 DAYTONA LANE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322183494	CITY-ST-ZIP	
TITLE	D MCGAHEE, JIM L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHEE, JIM L	NAME	
STREET ADDRESS	8526 ADDISON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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.	
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SIGNATURE: <u>James E. Ings</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>April 28, 2008</u> <small>Date</small>	Daytime Phone #: _____ <small>Daytime Phone #</small>
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
58-2156416

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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TITLE	D INGS, JUANITA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGS, JUANITA M	NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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