


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000076717</b>	
1. Entity Name <b>INGRAM TRAINING STABLE, INC.</b>	

Principal Place of Business <b>14000 CALOOSA BOULEVARD PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>14000 CALOOSA BOULEVARD PALM BEACH GARDENS, FL 33418</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>INGRAM, JONATHAN L 14000 CALOOSA BOULEVARD PALM BEACH GARDENS, FL 33418</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE: 4-30-04

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000157096 05/06/04-80013-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD INGRAM, LAURA M 14000 CALOOSA BOULEVARD PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVD INGRAM, JONATHAN L 14000 CALOOSA BOULEVARD PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:** Jonathan L. Ingram **JONATHAN L INGRAM** 4-30-04 561-626-1429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone