

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076717

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** INGRAM TRAINING STABLE, INC.

**Current Principal Place of Business:**

14052 50TH ST. SOUTH  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3546 161ST TERRACE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

P.O. 211717  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

14052 50TH ST. SOUTH  
WELLINGTON, FL 33414

**FEI Number:** 82-0562615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGRAM, JONATHAN L  
14052 50TH ST. SOUTH  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

INGRAM, JONATHAN L  
3546 161ST TERRACE NORTH  
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: JONATHAN L. INGRAM

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: INGRAM, LAURA M  
Address: 3546 161ST TERRACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PVD ( ) Delete  
Name: INGRAM, JONATHAN L  
Address: 3546 161ST TERRACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA M. INGRAM

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date