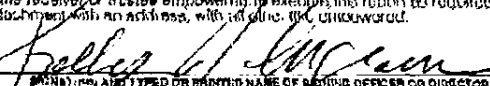


FILED
Apr 21, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000036930		
1. Entity Name K.J. INGRAM COMMERCIAL STUCCO & PLASTERING, INC.		
Principal Place of Business 339 BOLENDER ROAD AUBURNDALE, FL 33823		Mailing Address 339 BOLENDER ROAD AUBURNDALE, FL 33823
DO NOT WRITE IN THIS SPACE		
04192006 No Cfg-P CR2E034 (11/05)		
6. FFI NUMBER 59-3711876		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
2. Name and Address of Current Registered Agent		
INGRAM, KELLY J 339 BOLENDER ROAD AUBURNDALE, FL 33823		DO NOT WRITE IN THIS SPACE
3. 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 of officer or director of registered agent with title of signature (NOTE: Registered Agent has 30 days to return when requested)		U000000523767 05/03/06-B00000-001 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Fraction Share/Share Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGRAM, KELLY J 339 BOLENDER ROAD AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INGRAM, TRACEY L 339 BOLENDER ROAD AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 included 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 no line for, unknown.		
SIGNATURE: 		4-18-06 863-967-3246
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date