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	Mailing Address
339 BOLENDER ROAD AUBURNDALE, FL 33823	339 BOLENDER ROAD AUBURNDALE, FL 33823

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3711876

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAM, KELLY J
339 BOLENDER ROAD
AUBURNDALE, FL 33823

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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 _____ 000000523767
Signature, officer or director of registered agent and title, if applicable (NOTE: Registered Agent signature is required when reinstating) 05/03/06-80088-001 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	INGRAM, KELLY J
STREET ADDRESS	339 BOLENDER ROAD
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	INGRAM, TRACEY L
STREET ADDRESS	339 BOLENDER ROAD
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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 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 blanks filled.

SIGNATURE: Kelly J Ingram 4-18-06 863-967-3246
NAME (TYPED OR PRINTED) AND TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #