

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000054957

1. Entity Name

STEPHEN INGRAM CUSTOM BUILDING, INC.



Principal Place of Business

916 DON BISHOP RD.
SANTA ROSA BEACH, FL 32459 US

Mailing Address

916 DON BISHOP RD.
SANTA ROSA BEACH, FL 32459 US



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3721403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INGRAM, SHARON S
916 DON BISHOP RD
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 P
NAME INGRAM, STEPHEN M
STREET ADDRESS 916 DON BISHOP RD.
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE S
NAME INGRAM, SHARON S
STREET ADDRESS 916 DON BISHOP RD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000441385
03/03/06-80033-017 150.00

**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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 850-685-1546

Date

Daytime Phone #