

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90105 038 ***150.00

DOCUMENT # P03000007725

1. Entity Name
INGRAM CONSULTING, INC.



Principal Place of Business Mailing Address
906 SE 134 AVE 906 SE 134 AVE
MICANOPY, FL 32667 MICANOPY, FL 32667

00049175



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **APPLIED FOR 562327986** Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, FREDRICK W
906 SE 134 AVE
MICANOPY, FL 32667

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, FREDRICK W	
STREET ADDRESS	906 SE 134 AVE	
CITY - ST - ZIP	MICANOPY, FL 32667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAIRCHILD, KIMETHA	
STREET ADDRESS	906 SE 134TH AVE	
CITY - ST - ZIP	MICANOPY, FL 32667	
TITLE	T	<input type="checkbox"/> Delete
NAME	INGRAM, ERIC	
STREET ADDRESS	906 SE 134TH AVE	
CITY - ST - ZIP	MICANOPY, FL 32667	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4-15-05