

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000046193



1. Entity Name
T & J INGLE INC

Principal Place of Business
959 WEST JEFFERSON STREET
BROOKSVILLE, FL 34601-2427 US

Mailing Address
959 WEST JEFFERSON STREET
BROOKSVILLE, FL 34601-2427 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01192007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

INGLE, JUDY
14064 CHIPPENDALE STREET
SPRING HILL, FL 34609-5313

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, 2007 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 ☐ Delete
NAME INGLE, THOMAS
STREET ADDRESS 14064 CHIPPENDALE STREET
CITY-ST-ZIP SPRING HILL, FL 346095313

TITLE VP ☐ Delete
NAME INGLE, JUDY
STREET ADDRESS 14064 CHIPPENDALE STREET
CITY-ST-ZIP SPRING HILL, FL 346095313

TITLE S ☐ Delete
NAME INGLE, JEANIA
STREET ADDRESS 2931 S PINES DRIVE-APT 35
CITY-ST-ZIP LARGO, FL 337713234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U000000602270
STREET ADDRESS 01/26/07-80082-024 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Judy Ingle Judy Ingle, President

1/23/07 352-999-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #