

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90028 035 ***150.00

DOCUMENT # P93000037182

1. Entity Name
INGRAM'S PROFESSIONAL KARATE CENTER, INC.



Principal Place of Business
4116 LITTLE RD
NEW PORT RICHEY, FL 34655 US

Mailing Address
15222 HAYS RD.
BROOKSVILLE, FL 34610 US

2. Principal Place of Business

3. Mailing Address
4116 LITTLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NEW PORT RICHEY, FL

Zip Country

Zip Country
34655 US

03242006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3189595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GROSS, LESTER RESQ.
KEY WEST CENTER
2706 ALT. 49 N.
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
ROBERT K. COHEN
Street Address (P.O. Box Number is Not Acceptable)
2918 BUSH LAKE BLVD
City TAMPA FL Zip Code 33614

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
Robert K. Cohen

3/24/06

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, JOHN	
STREET ADDRESS	15222 HAYS RD	
CITY-ST-ZIP	SPRING HILL, FL 34640	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, CINDY	
STREET ADDRESS	15222 HAYS RD	
CITY-ST-ZIP	SPRING HILL, FL 34640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERI ANGIN	
STREET ADDRESS	15240 HAYS RD	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER DAVENPORT	
STREET ADDRESS	6628 HONE ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheri Angwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06

Date

Daytime Phone #