


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000035929		
1. Entity Name INGRAM & INGRAM ATTORNEYS AT LAW, P.A.		
Principal Place of Business 2630 UNIVERSITY PKWY. SARASOTA, FL 34243		Mailing Address P.O. BOX 2199 SARASOTA, FL 34230
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent INGRAM, MARK W 1785 BANYAN DRIVE VENICE, FL 34293		01182006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0915702 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, PAUL N 3423 PINE VALLEY DRIVE SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, MARK W 1785 BANYAN DRIVE VENICE, FL 34293	
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TITLE 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/17/06 941-358-7880 Date Daytime Phone #