



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # H53684			
1. Entity Name INCENTIVE RESEARCH CORPORATION			
Principal Place of Business 101 S 9TH AVE WAUCHULA, FL 33873 US		Mailing Address P O BOX 2147 ONECO, FL 34264 US	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2536740	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEARER, LAURA A. 5205 26TH ST WEST, STE B BRADENTON, FL 34207		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 _____ (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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000265356 03/16/05-80053-003 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARLTON, JAMES NORTH FLORIDA AVENUE WAUCHULA, FL 33873		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARLTON, JOE L NORTH FLORIDA AVENUE WAUCHULA, FL 33873		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joe L. Carlton</u>		JOE L. CARLTON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10 MAR 05	
		Daytime Phone # 863-773-4800	