

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055204

Entity Name: INCOM INDUSTRIES LLC

FILED
May 19, 2007
Secretary of State

Current Principal Place of Business:

11 BENNETT LANE
PALM COAST, FL 32137

New Principal Place of Business:

1635 DUNLAP DR
DELTONA, FL 32725

Current Mailing Address:

11 BENNETT LANE
PALM COAST, FL 32137

New Mailing Address:

1635 DUNLAP DR
DELTONA, FL 32725

FEI Number: 72-1616541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RYAN, CLIFFORD E
11 BENNETT LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

RYAN, CLIFFORD E
1635 DUNLAP DR
DELTONA, FL 32725 US

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.

SIGNATURE: CLIFFORD E RYAN

05/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RYAN, BRANDY L
Address: 11 BENNETT LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGR (X) Delete
Name: RYAN, CLIFFORD E
Address: 11 BENNETT LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLIFFORD, RYAN E
Address: 1635 DUNLAP DR
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLIFFORD E RYAN

MGR

05/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date