


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094893 1. Entity Name INCODEA, INC.	
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FILED
Jun 13, 2008 08:00 AM
Secretary of State

Principal Place of Business 4012 NW 64TH PLACE GAINESVILLE, FL 32653	Mailing Address 5200 NW 43 STREET 102-381 GAINESVILLE, FL 32606
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06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3751468	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

LATHAM, WILLIAM C
 4012 NW 64TH PLACE
 GAINESVILLE, FL 32653

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRIVAT, MICHAEL
STREET ADDRESS	4874 FROST LAKE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	D
NAME	LATHAM, WILLIAM C
STREET ADDRESS	4012 NW 64TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	MIMS, CLINTON F JR
STREET ADDRESS	20270 NW 100 AVE RD
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	TATE, JOSEPH P
STREET ADDRESS	3252 N LAKE DRIVE
CITY-ST-ZIP	MILWAUKEE, WI 53211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000953118
 06/13/08-80004-002 550.00

**DO NOT WRITE
IN THIS SPACE**

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

6/7/2008 **352-373-4140**
Date Daytime Phone #