

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000094893

1. Entity Name
INCODEA, INC.



Principal Place of Business
**4012 NW 64TH PLACE
GAINESVILLE, FL 32653**

Mailing Address
**5200 NW 43 STREET
102-381
GAINESVILLE, FL 32606**

FILED
Jun 13, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3751468	Applied For <input type="checkbox"/> 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PRIVAT, MICHAEL 4874 FROST LAKE DRIVE JACKSONVILLE, FL 32258
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, WILLIAM C 4012 NW 64TH PLACE GAINESVILLE, FL 32653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, CLINTON F JR 20270 NW 100 AVE RD MICHANOPY, FL 32667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JOSEPH P 3252 N LAKE DRIVE MILWAUKEE, WI 53211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000953118
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
Date

352-373-4140
Daytime Phone #