

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094893

Entity Name: INCODEA, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

4012 NW 64TH PLACE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5200 NW 43 STREET
102-381
GAINESVILLE, FL 32606

New Mailing Address:

4012 NW 64TH PLACE
GAINESVILLE, FL 32653

FEI Number: 59-3751468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRIVAT, MICHAEL
Address: 4874 FROST LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: LATHAM, WILLIAM C
Address: 4012 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: MIMS, CLINTON F JR
Address: 20270 NW 100 AVE RD
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: TATE, JOSEPH P
Address: 3252 N LAKE DRIVE
City-St-Zip: MILWAUKEE, WI 53211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C LATHAM

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date