

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064364

1. Entity Name  
I.N.C. CONSTRUCTION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 22 AM 7:40

Principal Place of Business  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467

Mailing Address  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467



09142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0696166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KHAN, SHAID  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467

**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 \$150.00  
Due by October 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KHAN, SHAID
STREET ADDRESS	4709 LUCERNE LAKES BLVD. EAST, #101
CITY-ST-ZIP	LAKE WORTH, FL 33467
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	

600059870076  
09/22/05--01034--015 \*\*150.00

**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)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-05

Date

Daytime Phone #