2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000049864

1. Entity Name
IN-CON CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business	Mailing Address
17632 FIELDBROOK CIRCLE N	17632 FIELDBROOK CIRCLE N
BOCA RATON, FL 33496	BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0848505	Not Applicable

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

6. Name and Address of Current Registered Agent

KASBAR, JOHN A
3880 SHERIDAN ST
HOLLYWOOD, FL 33021

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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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	
TITLE	PSD	
NAME	HILL, OLIN	
STREET ADDRESS	17632 FIELDBROOK CIRCLE N	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		
NAME		
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CITY-ST-ZIP		

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01/09/08-80046-011 150.00

**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: _Olin Hill PSD_   1/7/08   561-995-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #