# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004**
**Secretary of State**

DOCUMENT# 474315

**Entity Name:** KINCAID DISTRIBUTING, INC.

**Current Principal Place of Business:**

3214 E. U.S. HWY. 92
LAKELAND, FL 33801 US

**New Principal Place of Business:**

3809 CR 542 EAST
LAKELAND, FL 33801 US

**Current Mailing Address:**

3214 E. US HWY. 92
LAKELAND, FL 33801 US

**New Mailing Address:**

3809 CR 542 EAST
LAKELAND, FL 33801 US

**FEI Number: 59-1588741** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINCAID, RAY A.
3214 E. U.S. HWY. 92
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

KINCAID, RAY A.
3809 CR 542 EAST
LAKELAND, FL 33801 US

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: _____ 04/26/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: KINCAID, DAVID,
Address: 830 E GEORGE ST
City-St-Zip: BARTOW, FL

Title: PT ( ) Delete
Name: KINCAID, RAY A,
Address: 3214 E. US HWY. 92
City-St-Zip: LAKELAND, FL

Title: S ( ) Delete
Name: LABBATE, MARIE M
Address: 2719 CLEVELAND HTS BLVD.
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PT (X) Change ( ) Addition
Name: KINCAID, RAY A,
Address: 3809 CR 542 EAST
City-St-Zip: LAKELAND, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIE LABBATE S 04/26/2004
Electronic Signature of Signing Officer or Director — Date