2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2005 8:00 am Secretary of State DOCUMENT # P04000001963 1. Entity Name 01-31-2005 90053 025 ***158.75 RAYMOND KINCHELOE, INC. Principal Place of Business Mailing Address 1020 S. E. 26TH STREET CAPE CORAL FL 33904 US 1020 S. E. 26TH STREET CAPE CORAL FL 33904 US 40000776 2. Principal Place of Business 3. Mailing Address 10 20 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For City & State 4. FEI Number COLAL 14-1874603 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KINCHELOE, RAYMOND O Street Address (P.O. Box Number is Not Acceptable) 1020 S. E. 26TH STREET CAPE CORAL FL 33904 City Zip Code 8. The above paried entity subplits 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. inted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Change ■ Addition TITLE ☐ Delete TITLE NAME KINCHELOE, RAYMOND NAME STREET ADDRESS 1020 S. E. 26TH STREET STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 each; 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

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changed, or on an attachment wit an address, with all other like empowered. SIGNATURE