

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075509

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: KINCZEL-STRINGFELLOW, INC.

**Current Principal Place of Business:**

PO BOX 1754  
NEDERLAND, CO 80466

**New Principal Place of Business:**

294 PATRICIA ROAD  
ROLLINSVILLE, CO 80474

**Current Mailing Address:**

PO BOX 1754  
NEDERLAND, CO 80466

**New Mailing Address:**

FEI Number: 86-1139018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KINCZEL, JOSEPH  
967 FITZHUGH STREET  
SANIBEL, FL 33957 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: P ( ) Delete  
Name: KINCZEL, JOSEPH  
Address: PO BOX 1754  
City-St-Zip: NEDERLAND, CO 80466

Title: V ( ) Delete  
Name: KINCZEL, LORI  
Address: PO BOX 1754  
City-St-Zip: NEDERLAND, CO 80466

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

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 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: JOSEPH KINCZEL

P

03/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date