

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 281632

FILED
Apr 20, 2007
Secretary of State

Entity Name: KINCAID ORCHARDS, INC.

Current Principal Place of Business:

3900 S. FLORIDA AVE
SUITE 205
LAKELAND, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5266
LAKELAND, FL 33807 US

New Mailing Address:

FEI Number: 59-1063673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINCAID, DAVID
870 GEORGE STREET
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

KINCAID, DAVID
870 E GEORGE STREET
BARTOW, FL 33830 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: DAVID KINCAID

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINCAID, DAVID
Address: 870 GEORGE STREET
City-St-Zip: BARTOW, FL 33830 US

Title: VPD () Delete
Name: KINCAID, NANCY
Address: 870 GEORGE STREET
City-St-Zip: BARTOW, FL 33830 US

Title: SD () Delete
Name: KINCAID, RANDY
Address: 3809 COUNTY ROAD 542 EAST
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KINCAID, DAVID
Address: 870 E GEORGE STREET
City-St-Zip: BARTOW, FL 33830 US

Title: VPD (X) Change () Addition
Name: KINCAID, NANCY
Address: 870 E GEORGE STREET
City-St-Zip: BARTOW, FL 33830 US

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: DAVID KINCAID

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date