

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003797

1. Entity Name
KINCEL & COMPANY, LTD. INC.



Principal Place of Business
1100 DUNHAM DR.
DUNMORE, PA 18512

Mailing Address
1100 DUNHAM DR.
DUNMORE, PA 18512



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2537539

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000031402
02/04/04-80147-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KINCEL, KARL J
1100 DUNHAM DR.
DUNMORE, PA 185122653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
KINCEL, KEVIN J
1100 DUNHAM DR.
DUNMORE, PA 185122653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINCEL, KARL J III
1100 DUNHAM DR.
DUNMORE, PA 185122653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINCEL, KURT J SR
1100 DUNHAM DR.
DUNMORE, PA 185122653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINCEL, KENNETH J SR
1100 DUNHAM DR.
DUNMORE, PA 185122653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINCEL, KRISTINE A
1100 DUNHAM DR.
DUNMORE, PA 185122653

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Karl J. Kincel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2004 (570) 961-8731

Date Daytime Phone #