

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F47360

1. Entity Name
KINCAID ELECTRICAL SERVICES, INC.



Principal Place of Business
**318 S SCENIC HWY
P.O. BOX 1577
LAKE WALES, FL 33859-1577 US**

Mailing Address
**318 S SCENIC HWY
P.O. BOX 1577
LAKE WALES, FL 33859-1577 US**



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2134963

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KINCAID, ALAN K.
410 MARIETTA ST
LAKE WALES, FL 33853**

**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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KINCAID, ALAN K
STREET ADDRESS	410 MARIETTA ST
CITY - ST - ZIP	LAKE WALES, FL
TITLE	T
NAME	KINCAID, ALAN K
STREET ADDRESS	410 MARIETTA ST
CITY - ST - ZIP	LAKE WALES, FL
TITLE	AST
NAME	KINCAID, MARSHA D.
STREET ADDRESS	410 MARIETTA ST
CITY - ST - ZIP	LAKE WALES, FL
TITLE	V
NAME	KINCAID, CHRISTOPHER A
STREET ADDRESS	1029 SUNSET DR
CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000568393
07/07/06-80006-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Alan K. Kincaid**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/2006

Date

863/676-0198

Daytime Phone #