

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2134963 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/09/08-80009-008 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN K. KINCAID

01/04/2008 863/676-0178
Date Daytime Phone #