

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47360

FILED
Jan 08, 2009
Secretary of State

Entity Name: KINCAID ELECTRICAL SERVICES, INC.

Current Principal Place of Business:

318 S SCENIC HWY
P.O. BOX 1577
LAKE WALES, FL 338591577 US

New Principal Place of Business:

318 S SCENIC HWY
LAKE WALES, FL 33853 US

Current Mailing Address:

318 S SCENIC HWY
P.O. BOX 1577
LAKE WALES, FL 338591577 US

New Mailing Address:

P.O. BOX 1577
LAKE WALES, FL 338591577 US

FEI Number: 59-2134963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KINCAID, ALAN K
318 SOUTH SCENIC HWY.
LAKE WALES, FL 33853 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: ALAN K. KINCAID

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KINCAID, ALAN K.
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL

Title: T () Delete
Name: KINCAID, ALAN K.
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL

Title: AST () Delete
Name: KINCAID, MARSHA D.,
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL

Title: V () Delete
Name: KINCAID, CHRISTOPHER A
Address: 1029 SUNSET DR
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: KINCAID, ALAN K
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL 33853

Title: T (X) Change () Addition
Name: KINCAID, ALAN K
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL 33853

Title: AST (X) Change () Addition
Name: KINCAID, MARSHA D
Address: 410 MARIETTA ST
City-St-Zip: LAKE WALES, FL 33853

Title: V (X) Change () Addition
Name: KINCAID, CHRISTOPHER A
Address: 1109 CEPHIA STREET
City-St-Zip: LAKE WALES, FL 33853 US

I hereby certify that the information supplied with this filing does not qualify 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: ALAN K. KINCAID

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date