## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P00000053197 1. Effity Name ROBERT O. KINCART, INC. Principal Place of Business Mailing Address 1038 SUGARTREE DRIVE NORTH 1038 SUGARTREE DRIVE NORTH LAKELAND, FL 33813 LAKELAND, FL 33813 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEì Number 59-3650172 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YONG, FRANK J DO NOT WRITE 701 FISK STREET, SUITE 110 JACKSONVILLE, FL 32204 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. Lam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS THILE KINCART, ROBERT O NAME STREET ADDRESS 1038 SUGARTREE DRIVE NORTH U00000510140 04/28/06-80071-014 150.00 CITY-ST-ZIP LAKELAND, FL 33813 NAME STREET ADDRESS CITY-SY-ZIP THIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental keport is true and accurate and that my signature should have the same legal effect as if made under oath, that I am an officer or director of the corporation or the received or structed 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 all address, with all former like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O. KINCART

Date

(863) <u>533-200</u>0

FILED