


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90016 018 ***158.75

DOCUMENT # P03000059931 1. Entity Name DON KINCAID & ASSOCIATES, INC.					
Principal Place of Business 29504 CROSSLAND DRIVE WESLEY CHAPEL, FL 33543			Mailing Address 29504 CROSSLAND DRIVE WESLEY CHAPEL, FL 33543		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0030249				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABB, HARRY H CPA 935 MAIN STREET SUITE D-1 SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		KINCAID, DON		NAME	Vice President
CITY-ST-ZIP		29504 CROSSLAND DRIVE		STREET ADDRESS	Stephanie Kincaid
		WESLEY CHAPEL, FL 33543		CITY-ST-ZIP	29504 Crossland Drive
					Wesley Chapel, FL 33543
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS				NAME	Secretary
CITY-ST-ZIP				STREET ADDRESS	Heather Pashak George
				CITY-ST-ZIP	400 Westborough Lane
					Safety Harbor, FL 34695
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME	
CITY-ST-ZIP				STREET ADDRESS	
				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME	
CITY-ST-ZIP				STREET ADDRESS	
				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME	
CITY-ST-ZIP				STREET ADDRESS	
				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald Kincaid			7/7/04 813 974 7684 Daytime Phone #		