2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

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

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0030249
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINCAID, DON
STREET ADDRESS	29504 CROSSLAND DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	VP
NAME	KINCAID, STEPHANIE
STREET ADDRESS	24504 CROSSLAND DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	S
NAME	PESHAK GEORGE, HEATHER
STREET ADDRESS	400 WEST BOROUGH LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000209786
02/02/05-80054-018 150.00

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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 1/7/05 813 974 7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #