

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90009 001 \*\*\*158.75

**DOCUMENT # P04000001963**

1. Entity Name

RAYMOND KINCHELOE, INC.



Principal Place of Business

1020 S. E. 26TH STREET  
CAPE CORAL FL 33904  
US

Mailing Address

1020 S. E. 26TH STREET  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

RAYMOND KINCHELOE, INC.

Suite, Apt. #, etc.

1020 SE 26th ST

City & State

CAPE CORAL FLA.

Zip

33904

Country

EEC

3. Mailing Address

1020 SE 26th ST. CAPE CORAL FL 33904

Suite, Apt. #, etc.

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

EEC



MOORE

CR2E034 (4/04)

4. FEI Number

141874603

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINCHELOE, RAYMOND O  
1020 S. E. 26TH STREET  
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KINCHELOE, RAYMOND  
STREET ADDRESS 1020 S. E. 26TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** *Raymond O. Kinchele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1239-849-0000

Attachment

54065700

Dear Sir or Mom - # P04000001963

please let me know by mail,  
when my next bill is due. I  
have never received any notice  
since I was incorporated back  
in Jan - 2004. I have no  
idea what papers I need  
or when to send them in.  
I need time dates and forms  
to do so.

Thank You

Joe Kuchok  
1-239-849-0000  
ME.

PLEASE CALL -  
I THOUGHT ANNUALLY MEANS  
AT THE END OF EACH YEAR I did  
NOT INCORPORATE UNTILL JAN 2004  
WHY AM I PAYING MONIES -