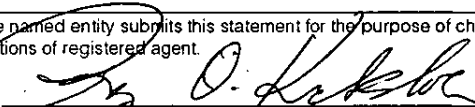


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90053 025 ***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 1020 SE 26th STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FLA.		City & State	
Zip 33904	Country LEE	Zip	Country
6. Name and Address of Current Registered Agent KINCHELOE, RAYMOND O 1020 S. E. 26TH STREET CAPE CORAL FL 33904		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  DATE Jan 22 05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	P KINCHELOE, RAYMOND 1020 S. E. 26TH STREET 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
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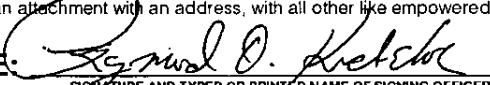


1st MOORE CR2E034 (10/04)

4. FEI Number **14-1874603** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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. KINCHELOE** **JAN 22, 05** **1239 849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #