

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 020 ***150.00

DOCUMENT # P05000016104

1. Entity Name
K. KINCAID, INC.



Principal Place of Business
1724 WEST CLAYTON STREET
ORLANDO, FL 32804

Mailing Address
1724 WEST CLAYTON STREET
ORLANDO, FL 32804

50025381



2. Principal Place of Business
724 W. CLAYTON ST
Suite, Apt. #, etc.

3. Mailing Address
724 W. CLAYTON ST
Suite, Apt. #, etc.

07092006 Chg-P CR2E034 (11/05)

City & State
ORLANDO, FL
Zip 32804 Country USA

City & State
ORLANDO, FL
Zip 32804 Country USA

4. FEI Number
263113717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINCAID, KEVIN
1724 WEST CLAYTON STREET
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name
KEVIN KINCAID

Street Address (P.O. Box Number is Not Acceptable)

724 W. CLAYTON ST

City
ORLANDO

FL

Zip Code
32804

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

WRONG ADDRESS
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVPD
KINCAID, KEVIN
1724 WEST CLAYTON STREET
ORLANDO, FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN KINCAID

7/8/06

Date

407-493-7647

Daytime Phone #