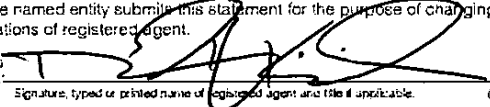


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 017 ***150.00

DOCUMENT # P95000016068 1. Entity Name KINCAID ENVIRONMENTAL SERVICES, INC.			
Principal Place of Business 3926 S LAKE ORLANDO PARKWAY ORLANDO, FL 32808		Mailing Address 3926 S LAKE ORLANDO PARKWAY ORLANDO, FL 32808	
2. Principal Place of Business 11208 Rose Down Ct.		3. Mailing Address 11208 Rose Down Ct.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Windermere, FL		City & State Windermere, FL	
Zip 34786		Zip 34786	
Country USA		Country USA	
4. FEI Number 59-3305236		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAID, DAVID H 3926 S LAKE ORLANDO PARKWAY ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11208 Rose Down Court City Windermere FL Zip Code 34786	
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: 1/8/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KINCAID, DAVID H STREET ADDRESS 3926 S LAKE ORLANDO PARKWAY CITY-ST-ZIP ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11208 Rose Down Ct. Windermere, FL 34786	☒ 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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TITLE NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/05 407-876-9763 Date Daytime Phone #	