

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # S66907

1. Entity Name
KEN KINCAID INSURANCE AGENCY, INC.



Principal Place of Business
**5259 STEWART ST
MILTON, FL 32570 US**

Mailing Address
**5259 STEWART ST
MILTON, FL 32570 US**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3084422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KINCAID, PAUL R., JR.
5259 STEWART ST
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD KINCAID, PAUL R., JR. 5259 STEWART ST MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KINCAID, PAUL R., JR. 5259 STEWART ST MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KINCAID, CHARLENE M 5259 STEWART ST. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/31/05-80012-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Paul R. Kincaid, Jr. 3-29-05 850-623-4424