

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S66907</b> 1. Entity Name <b>KEN KINCAID INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>5259 STEWART ST MILTON, FL 32570 US</b>		Mailing Address <b>5259 STEWART ST MILTON, FL 32570 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03292006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3084422</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINCAID, PAUL R., JR. 5259 STEWART ST MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
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			
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: <i>Ken Kincaid</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-11-06</i> Daytime Phone # <i>8506239724</i>	