



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 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		
DO NOT WRITE IN THIS SPACE			
		03282007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3084422	Applied For 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE U00000734161 05/09/07-80115-007 150.00	
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>Paul R. Kincaid, Jr.</i> PAUL R. KINCAID, JR.		4-23-07	850-623-9424