

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM  
Secretary of State

DOCUMENT # M68444

1. Entity Name  
KINDEL LANES, INC.



Principal Place of Business  
C/O JEFF KINDELSPIRE  
4679 HWY 90  
MARIANNA, FL 32446

Mailing Address  
C/O JEFF KINDELSPIRE  
4679 HWY 90  
MARIANNA, FL 32446



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2874031

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KINDELSPIRE, JEFF  
4679 HWY 90  
MARIANNA, FL 32446

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINDELSPIRE, JEFF
STREET ADDRESS	6095 HWY 90
CITY - ST - ZIP	MARIANNA, FL
TITLE	ST
NAME	KINDELSPIRE, LUANN
STREET ADDRESS	6095 HWY 90
CITY - ST - ZIP	MARIANNA, FL
TITLE	VP
NAME	KINDELSPIRE, JAY
STREET ADDRESS	3227 SALEN CHURCH ROAD
CITY - ST - ZIP	GRAND RIDGE, FL 32442
TITLE	VP
NAME	KINDELSPIRE, JASON
STREET ADDRESS	6095 HWY 90
CITY - ST - ZIP	MARIANNA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000004784  
01/15/04-80026-011 150.00

**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)(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: *Jeff Kindelspire* Jeff Kindelspire 1-11-04 850-526-4492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #