

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M68444

Entity Name: KINDEL LANES, INC.

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2874031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINDELSPIRE, JEFF  
4679 HWY 90  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KINDELSPIRE, JEFF  
Address: 6095 HWY 90  
City-St-Zip: MARIANNA, FL 32446 US

Title: ST  
Name: KINDELSPIRE, LUANN  
Address: 6095 HWY 90  
City-St-Zip: MARIANNA, FL 32446 US

Title: VP  
Name: KINDELSPIRE, JASON  
Address: 6095 HWY 90  
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J KINDELSPIRE

PD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date