

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 010 ***550.00

DOCUMENT # P04000149094

1. Entity Name
KINDELL ENTERPRISES, INC



Principal Place of Business
~~1460 UTILITY DR.~~ 105 Hibiscus Ave #904
PALM COAST, FL 32137 Bunnell FL 32110

Mailing Address
~~3 BUFFALO BILL DR.~~ PO BOX 2387
PALM COAST, FL 32137 Bunnell FL 32110

40094925



2. Principal Place of Business
105 Hibiscus Dr
Suite, Apt. #, etc.
903

3. Mailing Address
PO BOX 2387
Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State
Bunnell FL

City & State
Bunnell FL

Zip
32110

Country
USA

Zip
32110

Country
USA

4. FEI Number
20-1974026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINDELL, GARY J
3 BUFFALO BILL DR.
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	KINDELL, GARY J	
STREET ADDRESS	3 BUFFALO BILL DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	P.	<input type="checkbox"/> Delete
NAME	KINDELL, GARY J	
STREET ADDRESS	3 BUFFALO BILL DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KINDELL, VICTORIA B	
STREET ADDRESS	3 BUFFALO BILL DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KINDELL, VICTORIA B	
STREET ADDRESS	3 BUFFALO BILL DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Gary J. Kinde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X06-05-06 386-447-2202
Date Daytime Phone #