


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000149094	
1. Entity Name KINDELL ENTERPRISES, INC	

Principal Place of Business 105 HIBISCUS DR #903 BUNNELL, FL 32110	Mailing Address PO BOX 2387 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1974026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINDELL, GARY J 3 BUFFALO BILL DR. PALM COAST, FL 32137

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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)</small>	DATE _____
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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	U00000728221 05/07/07-80008-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KINDELL, GARY J P.O. BOX 2387 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINDELL, GARY J P.O. BOX 2387 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINDELL, VICTORIA B P.O. BOX 2387 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KINDELL, VICTORIA B P.O. BOX 2387 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: <u><i>Victoria B KindeLL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-19-07</u> <small>Date</small>	<u>386 447 2202</u> <small>Daytime Phone #</small>
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