

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000076506

1. Entity Name

KENWESTFAL ENTERPRISES, INC.



Principal Place of Business

**6566 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US**

Mailing Address

**6566 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3595023

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, HITESH
7575 ST STEPHEN'S CT
ORLANDO, FL 32835**

**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 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	VP
NAME	PATEL, HITESH N
STREET ADDRESS	712 GENTRY CT
CITY - ST - ZIP	GOTHA, FL 34734
TITLE	PS
NAME	PATEL, BHARATKUMAR D
STREET ADDRESS	7575 ST. STEPHENS CT.
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	T
NAME	PATEL, LATA P
STREET ADDRESS	1125 EAST CHURCH ST
CITY - ST - ZIP	JASPER, GA 30143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/24/06-80038-004 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BHARATKUMAR D. PATEL

03-30-06. 407-474-5335

Date

Daytime Phone #