

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90025 006 \*\*\*150.00

**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

2. Principal Place of Business - No P.O. Box #  
2054 Birdtown Road

3. Mailing Address  
3020 Goldmist Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008

Chg-P

CR2E034 (12/06)

City & State

Cherokee, NC 28719

City & State

Buford, GA 30519

4. FEI Number

59-3595023

Applied For

Not Applicable

Zip

28719

Country

USA

Zip

30519

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Steven R. Kutner, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**151 Lookout Place, Suite 110**

City **Maitland**

FL

Zip Code  
**32751**

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

2/12/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME	VP PATEL, HITESH N	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	712 GENTRY CT	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE NAME	PS PATEL, BHARATKUMAR D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7575 ST. STEPHENS CT.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE NAME	T PATEL, LATA P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1125 EAST CHURCH ST	
CITY-ST-ZIP	JASPER, GA 30143	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P, S, T Ramesh B. Patel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3020 Goldmist Drive	
CITY-ST-ZIP	Buford, GA 30519	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**Ramesh B. Patel, President 678-777-3049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #