

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93488

Entity Name: K-CORP. LEE, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

13180 NORTH CLEVELAND AVENUE  
SUITE #111  
NORTH FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13180 NORTH CLEVELAND AVENUE  
SUITE #111  
NORTH FT. MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0219267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GYARMATHY, JAMES P.  
13180 N. CLEVELAND AVENUE  
SUITE 111  
NORTH FT. MYERS, FL 33903 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: GYARMATHY, JAMES P.,  
Address: 13180 N. CLEVELAND AVE.  
City-St-Zip: N. FT. MYERS, FL

Title: T ( ) Delete  
Name: GYARMATHY, JAMES P.,  
Address: 13180 NORTH CLEVELAND AV  
City-St-Zip: NORTH FT. MYERS, FL

Title: V ( ) Delete  
Name: POLVERARI, BONNIE  
Address: 13180 N CLEVELAND AVE 11  
City-St-Zip: FORT MYERS, FL 33903

Title: V ( ) Delete  
Name: MONTGOMERY, MONICA  
Address: 13180 N CLEVELAND AVE 11  
City-St-Zip: FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA MONTGOMERY

VP

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date