

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048604

**Entity Name:** H L KOZY KORNER INC

**Current Principal Place of Business:**

1833 N MYRTLE AVE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1833 N MYRTLE AVE  
JACKSONVILLE, FL 32209

**FEI Number:** 27-2979200

**Certificate of Status Desired:** No

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

LEE, HO S  
44390 MAPLEWOOD CT  
CALLAHAN, FL 32011 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	LEE, HO S	Name	LEE, JEFFERY
Address	44390 MAPLEWOOD CT	Address	44390 MAPLEWOOD CT
City-State-Zip:	CALLAHAN FL 32011	City-State-Zip:	CALLAHAN FL 32011

*I hereby 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 all other like empowered.*

**SIGNATURE:** HO S LEE

**PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date