

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 314642

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: K-CORP. CHARLOTTE, INC.

**Current Principal Place of Business:**

13180 N. CLEVELAND AVE.  
SUITE 111  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13180 N. CLEVELAND AVE.  
SUITE 111  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 59-1160583      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 AVE  
SUITE 111  
NORTH FORT 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: PTSD ( ) Delete  
Name: GYARMATHY, JAMES P.  
Address: 13180 N. CLEVELAND AVE.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: V ( ) Delete  
Name: POLVERARI, BONNIE  
Address: 13180 N CLEVELAND AVE #111  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: V ( ) Delete  
Name: MONTGOMERY, MONICA  
Address: 13180 N CLEVELAND AVE #111  
City-St-Zip: NORTH 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:

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: JAMES GYARMATHY

PTSD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date