2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 436610

Entity Name
KORN-E-LEE ENTERPRISES, INC.

Principal Place of Business
1201 S.E. 9TH TERRACE
CAPE CORAL, FL 33990

Mailing Address
1201 S.E. 9TH TERRACE
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1490400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNELE, VAUGHN L
20151 WELBORN RD
NORTH FORT MYERS, FL 33917

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

H06000397826
01/30/06-80066-007 150.00

OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CORNELE, VAUGHN L
STREET ADDRESS	20151 WELBORN RD
CITY-ST-ZIP	N FT MYERS, FL
TITLE	DV
NAME	CORNELE, MICHAEL
STREET ADDRESS	1940 SE 5TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	DS
NAME	CORNELE, JEANNE
STREET ADDRESS	20151 WELBORN RD
CITY-ST-ZIP	N. FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vaughn Cornele VAUGHN CORNELE 1/20/06 239-574-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #