


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90019 026 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # L43056</b>                  |  |
| 1. Entity Name<br>LEE KVARBERG, AIA, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>350 SOUTH COUNTY ROAD<br>202<br>PALM BEACH, FL 33480 US | Mailing Address<br>529 30TH ST.<br>WEST PALM BEACH, FL 33407 US |
|--|---|

|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>413 24th STREET</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                       |

|   |                      |
|---|----------------------|
| City & State<br><b>WEST PALM BEACH, FL.</b> | City & State         |
| Zip<br><b>33407</b>                         | Country<br><b>US</b> |

**40109812**



07032008 Chg-P CR2E034 (12/06)

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|---|--|--|
| 4. FEI Number<br><b>65-0165943</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                      |  |  |
| 6. Name and Address of Current Registered Agent<br>KVARBERG, LEE<br>529 30TH ST.<br>WEST PALM BEACH, FL 33407 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |

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 LEE KVARBERG, PRESIDENT DATE 7.7.08

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

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|--|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPTV<br>KVARBERG, LEE<br>529 30TH ST.<br>WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: LEE KVARBERG, PRESIDENT DATE 7.7.08 (561) 832-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #