

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010730

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** KC'S OF ALTAMONTE, INC.

**Current Principal Place of Business:**

1020 MONTGOMERY ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1020 MONTGOMERY ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

P.O. BOX 163217  
ALTAMONTE SPRINGS, FL 327163217 US

**FEI Number:** 91-2072672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHMIELARSKI, MARJ H ESQ  
GREENSPOON MARDER, P.A.  
201 E PINE STREET STE 500  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LAMPE, JOHN  
**Address:** 604 ALHAMBRA AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** FAIRLEY, CARL  
**Address:** 4210 CLUBSIDE DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** D  
**Name:** DISALVO, JOE  
**Address:** 1674 SHADOW MOSS CR  
**City-St-Zip:** LAKE MARY, FL 32746

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOEL KLING

FS

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date