

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000110316

**FILED**  
**Mar 03, 2006**  
**Secretary of State**

**Entity Name:** PAUL LESTER'S EROSION CONTROL, INC.

**Current Principal Place of Business:**

9455 ROOKERY RD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

9455 ROOKERY RD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 20-1418258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALTMAN, THOMAS P  
5628 MAIN ST  
NEW PORT RICHEY, FL 34652      US

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

PAUL, LESTER B  
9455 ROOKERY RD  
NEW PORT RICHEY, FL 34654      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: PAUL B. LESTER      03/03/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVT      ( ) Delete  
Name: LESTER, PAUL B  
Address: 9455 ROOKERY RD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S      ( ) Delete  
Name: LESTER, PAUL B  
Address: 9455 ROOKERY RD  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: PAUL B. LESTER      PRES      03/03/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date