

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000023878

1. Entity Name
MEGESTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 10:55

Principal Place of Business
2180 CALUMET STREET
CLEARWATER, FL 33765

Mailing Address
2180 CALUMET STREET
CLEARWATER, FL 33765

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



01032008 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, GARY W
311 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHANSSON, HAKAN 2180 CALUMET STREET CLEARWATER, FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHANSSON, GABRICLA 2180 CALUMET STREET CLEARWATER, FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHANSSON, GISELLE 2180 CALUMET STREET CLEARWATER, FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100117840981 02/17/08--01005--020 ***1327.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANSSON, GABRIELA	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/4/08	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/40/08
Date Daytime Phone #