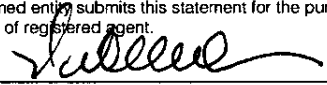
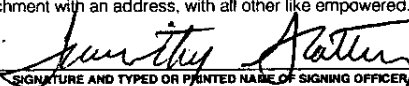


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90532 040 ***150.00

DOCUMENT # P96000070086 1. Entity Name NAN LESTER INC					
Principal Place of Business 6262 142 ND AVE N CLEARWATER, FL 33760			Mailing Address 203 150 AVE MADERIA BEACH, FL 33708		
2. Principal Place of Business 2717 Seville Blvd Suite, Apt. #, etc. # 6208		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State		4. FEI Number 59-3395358	
Zip 33764		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RBSON, PATRICK 205 150 TH AVE SAINT PETERSBURG, FL 33708				7. Name and Address of New Registered Agent Name Patrick Robson Street Address (P.O. Box Number is Not Acceptable) 150-153rd Av. #301 City Madera Beach FL Zip Code 33708	
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:  4-21-04 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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SLATTERY, TIMOTHY 6262 142 ND AVE N #806 CLEARWATER, FL 34824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2717 Seville Blvd #6208 Clearwater, FL 33764		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SLATTERY, NANCY E 6262 142 ND AVE #806 CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2717 Seville Blvd #6208 Clearwater, FL 33764		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			4-21-04 727-796-8303 Date Daytime Phone #		