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	Mailing Address
6262 142 ND AVE N CLEARWATER, FL 33760	203 150 AVE MADERIA BEACH, FL 33708

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2717 Seville Blvd		Same	
Suite, Apt. #, etc.: # 6208		Suite, Apt. #, etc.:	
City & State: Clearwater, FL		City & State:	
Zip: 33764	Country: -	Zip:	Country:

4. FEI Number: 59-3395358 ☐ Applied For ☐ Not Applicable

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: Madeira 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: [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 SLATTERY, TIMOTHY 6262 142 ND AVE N #806 CLEARWATER, FL 34624 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2717 Seville Blvd #6208 Clearwater, FL 33764
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLATTERY, NANCY E 6262 142 ND AVE #806 CLEARWATER, FL 33760 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2717 Seville Blvd #6208 Clearwater, FL 33764
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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: Timothy Slattery 4-21-04 727-796-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #