2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2007 8:00 am Secretary of State

NAME	DOCUMENT # V56193 1. Entity Name TIM LESTER, CONTRACTOR, INC.							90055 043 ***15				
Suite, Apt. 4, etc.	404 CHESTN	IUT DR	404 CHE	404 CHESTNUT DR			ES BUINT BUIGH HTUG HTUGT IS	AL GIBIL BIBIL BIBIL BIBIL BIBIL BIBIL	U(186) Ib 186)			
City & State	Principal Place of Business - No P.O. Box # Mailing Address											
Span	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.		07112007	Chg-P	CR2E034 (12/06)				
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am sumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 10. Or FILE NOWILI FEE IS \$150.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS	City & State	е	City & S	City & State		1						
Note	Zip				Country			Fee Require				
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THE HOMILI FEE IS \$150.00 Printer Financing Transmising Transmis								<u> </u>				
Signature intended an informational papers and their insubstants NAOTE: Regreemed water sequelate tended where selectations S.5.00 May Be added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			ment for the purpose	of changing its regi	istered office or re	egistered agent, or b	oth, in the State of FI	lorida. I am familiar with,	and accept			
Trust Fund Contribution	SIGNATURE Signature, throat or printed name of registered agent and title it southcable (NOTE: Registered Agent segnature required when reheating) DATE											
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12. Thereby 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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LESTER, TIM 404 CHESTNUT DR TALLAHASSEE, FL 3230 VP LESTER, SUSAN L 404 CHESTNUT DR.	S AND DIRECTORS	Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	corporation did	I not receive the prior of the	S IN 11 Addition Addition			

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as suppliemental 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:	1 1	im dister	Tim Lester	Iule 10 2007	850 877-0016
	SIGNATURE AN	ID TYPED OR PRINTED NAME OF	SIGNING OFFICEA OR DIRECTOR	Date	Daytime Phone #