

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49041

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: JOHN LESTER MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2752 W. HANNON HILL DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2752 W. HANNON HILL DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-2137413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LESTER, JOHN  
2752 WEST HANNON HILL DR  
TALLAHASSEE, FL 32309 US

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

LESTER, JOHN A MR.  
2752 WEST HANNON HILL DR  
TALLAHASSEE, FL 32309 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: JOHN A. LESTER

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LESTER, JOHN  
Address: 2752 W. HANNON HILL DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP ( ) Delete  
Name: LESTER, MYRTICE S  
Address: 2752 W. HANNON HILL DR.  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DP (X) Change ( ) Addition  
Name: LESTER, JOHN A MR.  
Address: 2752 W. HANNON HILL DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP (X) Change ( ) Addition  
Name: LESTER, MYRTICE S MS.  
Address: 2752 W. HANNON HILL DR.  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A. LESTER

DP

04/07/2008

Electronic Signature of Signing Officer or Director

Date