

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90228 020 \*\*\*150.00

**DOCUMENT # K64600**

1. Entity Name

**DON E. LESTER AND ASSOCIATES, INC.**



Principal Place of Business

**1061 COLLIER CENTER WAY  
NAPLES, FL 34110 US**

Mailing Address

**1061 COLLIER CENTER WAY  
NAPLES, FL 34110 US**

**50052481**



**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-0113397**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LESTER, DON E  
1061 COLLIER CENTER WAY  
NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LESTER, DEAN C
STREET ADDRESS	9927 KONA ISLE CT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	ST
NAME	LESTER, SUZANNE F
STREET ADDRESS	1061 COLLIER CENTER WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	V
NAME	WICKLIFFE, CHARLES D
STREET ADDRESS	27056 JARVIS ROAD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	P
NAME	LESTER, DON E
STREET ADDRESS	1061 COLLIER CENTER WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	LESTER, DON E
STREET ADDRESS	1061 COLLIER CENTER WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4-29-05 259-  
595-1000