


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90284 039 ***158.75

DOCUMENT # P00000072020	
1. Entity Name ROBIN D. LESTER, INC.	

Principal Place of Business 1021 SE 28 ROAD OCALA FL 34471	Mailing Address 1021 SE 28 ROAD OCALA FL 34471
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2. Principal Place of Business 2244 SE 12TH ST Suite, Apt. #, etc.	3. Mailing Address 2244 SE 12TH ST Suite, Apt. #, etc.
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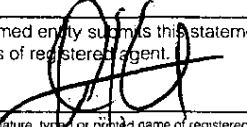
City & State OCALA, FL Zip 34471	Country USA	City & State OCALA, FL Zip 34471	Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 59-3667934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LESTER, ROBIN D 1021 SE 28 ROAD OCALA FL 34471	7. Name and Address of New Registered Agent Name DANIEL J. WADE Street Address (P.O. Box Number is Not Acceptable) 3391-F E. SILVER SPRAWLS BLVD City OCALA State FL Zip Code 34470
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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.

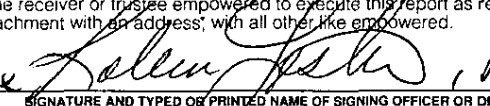
SIGNATURE  **D.J. WADE** **DATE** 4/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LESTER, ROBIN D STREET ADDRESS 1021 SE 28 ROAD CITY-ST-ZIP OCALA FL 34471	<input type="checkbox"/> Delete	TITLE P/T NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME DANIEL J. WADE STREET ADDRESS 3391-F E. SILVER SPRAWLS BLVD CITY-ST-ZIP OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Pres.** **DATE** 4/29/04 **Daytime Phone #** 352 8046290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR