08/18/2005 11:06 7705529307 WILLEFORD I

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State
08-26-2005 90001 020 ***150.00

DOCUMENT # P01000057502

1. Entity Name
STEPHEN P. LESTER DDS PA

Principal Place of Business	Mailing Address
104 E. PARK AVENUE EDGEWATER, FL 32132	104 E. PARK AVENUE EDGEWATER, FL 32132

50063481

08192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1444312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LESTER, STEPHEN P
104 E. PARK AVENUE
EDGEWATER, FL 32132

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LESTER, STEPHEN P
STREET ADDRESS	410 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	S
NAME	WILLEFORD, RICK
STREET ADDRESS	600 HOUZE WAY SUITE D-6
CITY-ST-ZIP	ROSWELL, GA 300761433
TITLE	AS
NAME	DELOACHE LESTER, CELESTE
STREET ADDRESS	410 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	T
NAME	LESTER, STEPHEN P
STREET ADDRESS	410 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Celeste DeLoache Lester 8/18/05 (386)423-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

5006348 1
#P0100005750 2

Please waive the plenty fee for
I just received a copy of
your postcard today 8-18-05.

Thank you,
Celeste DeLoache Lester