2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P01000057502

Entity Name: STEPHEN P. LESTER DDS PA

Current Principal Place of Business:

104 E. PARK AVENUE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

104 E. PARK AVENUE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 58-1444312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LESTER, STEPHEN P
Address: 410 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S ( ) Delete
Name: WILLEFORD, RICK
Address: 600 HOUZE WAY SUITE D-6
City-St-Zip: ROSWELL, GA 300761433

Title: AS ( ) Delete
Name: DELOACHE LESTER, CELESTE
Address: 410 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T ( ) Delete
Name: LESTER, STEPHEN P
Address: 410 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CELESTE DELOACHE LESTER AS 01/05/2007
Electronic Signature of Signing Officer or Director Date