


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 011 ***150.00

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1. Entity Name
VICTOR AND MARYANN LESTER CABINET INSTALLATION INC.



Principal Place of Business Mailing Address
PO BOX 120421 W MELBOURNE FL 32949-0421 **PO BOX 120421 W MELBOURNE FL 32949-0421**

2. Principal Place of Business 3. Mailing Address
1181 Bridgewater Dr. P.O. Box 120421
 Suite, Apt. #, etc. **Melb FL** Suite, Apt. #, etc. **W. Melb FL 32949-0421**
 City & State



1st MOORE CR2E034 (10/04)

4. FEI Number **90-0121629201212** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LESTER, DORIS
1832 HAMMOCK RD
TITUSVILLE FL 32934

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	LESTER, VICTOR
STREET ADDRESS	PO BOX 120421
CITY-ST-ZIP	W MELBOURNE FL 32949-0421
TITLE	VT <input type="checkbox"/> Delete
NAME	LESTER, MARYANN
STREET ADDRESS	PO BOX 120421
CITY-ST-ZIP	W MELBOURNE FL 32949-0421
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Victor Lester President Maryann Lester Vice Pres. Treasurer 3/30/05 321-298-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #