


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000028673</b>	
1. Entity Name <b>DAVID K LESTER, INC.</b>	

Principal Place of Business <b>13001 WAYBACK ROAD BOKEELIA, FL 33922</b>	Mailing Address <b>13001 WAYBACK ROAD BOKEELIA, FL 33922</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>81-0644207</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LESTER, DAVID K  
13001 WAYBACK ROAD  
BOKEELIA, FL 33922**

**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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

000000592976  
 01/22/07-80013-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922</b>
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 exemptions contained 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 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:** David K Lester 1-152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #