


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000028673

1. Entity Name
DAVID K LESTER, INC.



Principal Place of Business Mailing Address

13001 WAYBACK ROAD **13001 WAYBACK ROAD**
BOKEELIA, FL 33922 **BOKEELIA, FL 33922**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
81-0644207 Not Applicable

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

6. Name and Address of Current Registered Agent

LESTER, DAVID K
13001 WAYBACK ROAD
BOKEELIA, FL 33922

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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 \$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	P LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LESTER, DAVID K 13001 WAYBACK ROAD BOKEELIA, FL 33922
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 1-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #