

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089670

Entity Name: I.R. LESTER, D.D.S., P.A.

FILED
Jul 30, 2008
Secretary of State

Current Principal Place of Business:

3474 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

New Principal Place of Business:

4311 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

3474 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

New Mailing Address:

4311 GULF BREEZE PKWY.
GULF BREEZE, FL 32563

FEI Number: 20-3014003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, IRVING
3474 GULF BREEZE PKWY.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

LESTER, IRVING
4311 GULF BREEZE PKWY.
GULF BREEZE, FL 32563 US

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:

07/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVSD () Delete
Name: LESTER, IRVING
Address: 3474 GULF BREEZE PKWY.
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD (X) Change () Addition
Name: LESTER, IRVING
Address: 4311 GULF BREEZE PKWY.
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify 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: I R LESTER DDS

PRES

07/30/2008

Electronic Signature of Signing Officer or Director

Date