

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P05000100437 1. Entity Name NESTER'S CORP. |  |
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|---|---|
| Principal Place of Business 109 FAREHAM PLACE N. ST. PETERSBURG, FL 33701 | Mailing Address 109 FAREHAM PLACE N. ST. PETERSBURG, FL 33701 |
|---|---|

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-3208270 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FIVECOAT, ANDREW L. ESQ.
777 SOUTH HARBOR ISLAND BLVD
SUITE 940
TAMPA, FL 33602

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000868570 04/09/08-80014-009 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD MCBRIDE, GERALD T. 555 NE 5TH AVE. ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD FALKINGHAM, JAMES 109 FAREHAM PLACE N. ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  **James Falkingham** **3/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #