

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028280

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THOMAS LESTER PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

292 SPARROW BRANCH CIRCLE  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

292 SPARROW BRANCH CIRCLE  
SAINT JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 20-4401192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LESTER, THOMAS E  
292 SPARROW BRANCH CIRCLE  
SAINT JOHNS, FL 32259 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LESTER, THOMAS E  
Address: 292 SPARROW BRANCH CIRCLE  
City-St-Zip: SAINT JOHNS, FL 32259

Title: DVP  
Name: LESTER, HEATHER A  
Address: 292 SPARROW BRANCH CIRCLE  
City-St-Zip: SAINT JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E. LESTER

DP

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date