

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002622

Entity Name: CAROL LEE LESTER PA

FILED  
May 14, 2009  
Secretary of State

**Current Principal Place of Business:**

13110 TALL TREE DR S  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 553  
SAN MATEO, FL 32187

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARBACIK-KOPMAN, J VICTORIA  
10365 HOOD ROAD S  
107  
JACKSONVILLE, FL 32257 US

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

GARBACIK, J VICTORIA  
10365 HOOD ROAD S  
107  
JACKSONVILLE, FL 32257 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: J VICTORIA GARBACIK

05/14/2009

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: P ( ) Delete  
Name: LESTER, CAROL L  
Address: 13110 TALL TREE DR S  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROL LESTER

P

05/14/2009

Electronic Signature of Signing Officer or Director

Date