2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 04, 2005 08:00		
DOCUMENT # P96000017370					Secretary of	Stat
1. Entity Name HESTER MARKETING, INC.						
TILOTER	WARRETHO, INC.					
Principal Plac		lailing Address				
4455 CAVE I		1455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130				
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DO NOT WRITE IN THIS SPA			UE	4. FEI Number 59-337	The state of the s	ed For
					\$9.75 Addis-	Applicable onal
			<u> </u>	5. Certificate	of Status Desired Fee Required	
	6. Name and Address of Current Regis	stered Agent				
HESTER, BILL G				DO	NOT WRITE	
4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130				INI "	THIS SPACE	
				117	INIS SPACE	
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or bo	h, in the State of Florida. I am familiar with, an	d accept
CICNIATINE						
SIGNATURE.	Signature, typed or printed name of registered agent and title	Tapplicable (NOTE Registere	d Agent signature required	s when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution		.00 May Be led to Fees	,100000287439 04/04/05-80068-010 i50).O
10.	OFFICERS AND DIRE	CTORS				
TITLE	V COTED BILL C					
NAME STREET ADDRESS	HESTER, BILL G 4455 CAVE LAKE ROAD					
CITY - ST - ZIP	DELEON SPRINGS, FL 32130	•				
TITLE	S LICOTED JAMES B					
NAME STREET ADDRESS	HESTER, JAMES R 1795 GLENWOOD ROAD					
CITY-ST-ZIP	DELAND, FL 32720					
TITLE NAME	P HESTER, LOSSIE S					
STREET ADDRESS	4455 CAVE LAKE ROAD			DΟ	NOT WRITE	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	- AA	Ā		_ :==	
TITLE NAME	T CHILTON, PAMELA H			IN.	THIS SPACE	
STREET ADDRESS	2850 OAK ROAD					
CITY - ST - Z/P	DELAND, FL 32720					
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP			.		. ·	
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

TOTAL H. CHUTTOIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

Daytime Phone #