


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000017370	
1. Entity Name HESTER MARKETING, INC.	

Principal Place of Business 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130	Mailing Address 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3379125	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

HESTER, BILL G
4455 CAVE LAKE ROAD
DELEON SPRINGS, FL 32130

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000349396
06/03/08-80051-018 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESTER, BILL G 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HESTER, JAMES R 24524 BONNET RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HESTER, LOSSIE S 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILTON, PAMELA H 3220 OAKLEA DR. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **5-5-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #