


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000070086</b> 1. Entity Name <b>NAN LESTER INC</b>	
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Principal Place of Business <b>2717 SEVILLE BLVD. #6208 CLEARWATER, FL 33764</b>	Mailing Address <b>2717 SEVILLE BLVD. #6208 CLEARWATER, FL 33764</b>
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06012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3395358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**RBSON, PATRICK  
150-153RD AVE.  
#301  
SAINT PETERSBURG, FL 33708**

**DO NOT WRITE  
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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D SLATTERY, TIMOTHY 2717 SEVILLE BLVD., #6208 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, NANCY E 2717 SEVILLE BLVD., #6208 CLEARWATER, FL 33764
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IN THIS SPACE**

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:** *Timothy Slattery* **TIMOTHY SLATTERY** **6-1-05** **727-796-8303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #