

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005624

FILED
May 01, 2006
Secretary of State

Entity Name: THE J LESTER COMPANY, INC.

Current Principal Place of Business:

141 S HWY 71
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1393
WEWAHITCHKA, FL 32465 US

New Mailing Address:

FEI Number: 59-3493040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, JAMES JR
118 JAMIE ST.
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

LESTER, JAMES JR
141 S HWY 71
WEWAHITCHKA, FL 32465 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:

05/01/2006

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: COB () Delete
Name: LESTER, JAMES E SR
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

Title: CEO () Delete
Name: LESTER, JAMES E JR
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SRVP () Delete
Name: DODSON, WILLIAM B
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VP () Delete
Name: BOZEMAN, BRADLEY S
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

Title: CFO () Delete
Name: LEAMAN, NORMA J
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SEC () Delete
Name: WYNN, MARY E
Address: PO BOX 1393
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA LEAMAN

CFO

05/01/2006

Electronic Signature of Signing Officer or Director

Date