


**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90023 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F93000003800**  
 1. Entity Name  
**KENNETH O. LESTER COMPANY, INC.**



Principal Place of Business      Mailing Address  
 245 CASTLE HEIGHTS AVENUE NORTH      245 CASTLE HEIGHTS AVENUE NORTH  
 LEBANON, TN 37087      LEBANON, TN 37087

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01052004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**62-0458264**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NATIONAL REGISTERED AGENTS, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE, FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      CEO       Delete  
 NAME      HOFFMAN, THOMAS  
 STREET ADDRESS      1931 ROANOKE DRIVE  
 CITY-ST-ZIP      LEBANON, TN 37087

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
*Agee, m. Patrick*       Change       Addition

TITLE      P       Delete  
 NAME      MILTON, PATRICK A  
 STREET ADDRESS      108 SOUTH FORK DRIVE  
 CITY-ST-ZIP      LEBANON, TN 37087

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
*12500 West Creek Plaza*       Change       Addition  
*Richmond Va. 23238*

TITLE      S       Delete  
 NAME      DUET, NATHAN  
 STREET ADDRESS      6800 PARAGON PLACE  
 CITY-ST-ZIP      RICHMOND, VA 23230

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
 Change       Addition

TITLE      D       Delete  
 NAME      NEELY, P. S  
 STREET ADDRESS      1418 PALMER ROAD  
 CITY-ST-ZIP      LEBANON, TN 37090

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
 Change       Addition

TITLE      D       Delete  
 NAME      SLEDD, ROBERT C  
 STREET ADDRESS      213 COLONY LAKE DRIVE  
 CITY-ST-ZIP      RICHMOND, VA 23233

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
 Change       Addition

TITLE      D       Delete  
 NAME      GRAY, C. M  
 STREET ADDRESS      2624 LACLEDE AVENUE  
 CITY-ST-ZIP      RICHMOND, VA 23233

TITLE       Change       Addition  
 NAME        
 STREET ADDRESS        
 CITY-ST-ZIP        
 Change       Addition

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR