## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90182 002 \*\*\*150.00

Maling Address   Maling Address   Maling Address   Septime   Septi	DOCUMENT # P0300008442  1. Entity Name LYONS & LYONS, P.A.						1002354		130.	.00
25241 ELEMENTARY WAY SUITE 206 BONITA SPRINGS, FL 34135  2. Principal Place of 6 Uniness  Suite, April 4, etc.  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Principal Place	e of Business	Mailing Address			7	1002001	U		
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BONITA SPRINGS, FL 24135  2. Principal Prace of Business  3. Maining Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Certificate of Status Desired Desired  F. L. Zip Code  F. L. Zip Code  S. Certificate of Status Desired Desired  S. Certificate of Status Desired Status Desired Status Desired Status Desired Desired Desired Status Desired		Elitary ma		= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
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Second   S	City & State	9	City & State	Lity & State			R52		<del></del>	
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   State of Status Desired   State of Status Desired Desire	Zin	Country	Zip	Zip Count		\$9.75			<del></del>	
Name Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	-c.lb	,	1			5. Certificate of	Status Desired			
LYONS, KEVIN M 3000 NORTH FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33306  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  FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILL NAME LYONS, KEVIN M LYONS, KEVIN M SIREH ADDRESS OUT -ST-2P FORT LAUDERDALE, FL 33306  TILL NAME SIREH ADDRESS OUT -ST-2P FORT LAUDERDALE, FL 33306  TILL NAME SIREH ADDRESS OUT -ST-2P OTH -S		6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New R	egistered Ager	ıt-	<del></del>
SILE 2000 FORT LAUDERDALE, FL 33306    City   FL   Zip Code	<del></del>				Name	<u></u>	<del></del>			
SUITE 200 FORT LAUDERDALE, FL 33306  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE MR. XI Delete MWE SIRE! ADDRESS ON: St. 2P FORT LAUDERDALE, FL 33306  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE MR. XI Delete MWE SIRE! ADDRESS ON: St. 2P FORT LAUDERDALE, FL 33306  ITIE MWE SIRE! ADDRESS ON: St. 2P FORT LAUDERDALE, FL 33306  ITIE MWE SIRE! ADDRESS ON: St. 2P FORT LAUDERDALE, FL 33306  ITIE MWE SIRE! ADDRESS ON: St. 2P  ITIE MWE SIRE! ADDRESS ADDRESS ON: St. 2P  ITIE MWE SIRE! ADDRESS ADDRESS ON: St. 2P  ITIE MWE SIRE! ADDRESS ON: St. 2P  ITIE MWE SIRE! ADDRESS ON:										
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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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director	STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Dele	CIT le TITI NAJ	Y-ST-ZIP LE ME				Change	Addition
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