FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 024 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000008442

1. Entity Name
LYONS & LYONS, P.A.

400423??

Principal Place of Business	Mailing Address
25241 ELEMENTARY WAY SUITE 206 BONITA SPRINGS, FL 34135	25241 ELEMENTARY WAY SUITE 206 BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
The Business +Law Building	Same
Suite, Apt. #, etc.: 27911 Crown Lake Blvd STE 200	Suite, Apt. #, etc.:
City & State: Bonita Springs, FL	City & State:
Zip: 34135 Country: USA	Zip: Country:

03192007 Chg-P CR2E034 (12/06)

4. FEI Number: 30-0143852 ☐ Applied For ☐ 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
LYONS, KEVIN M 3000 NORTH FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33306	Name: L+L PARA, LTD. CO. Street Address (P.O. Box Number is Not Acceptable): The Business + Law Building 27911 Crown Lake Blvd., Ste. 200 City: Bonita Springs FL Zip Code: 34135

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 [signature] DATE 3/19/07

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, 2007 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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYONS, RICHARD D		NAME	
STREET ADDRESS	25241 ELEMENTARY WAY		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYONS, KEVIN M		NAME	
STREET ADDRESS	3000 NORTH FEDERAL HWY		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 3/21/07 239-948-1823

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