

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005786

1. Entity Name

LYON MANAGEMENT GROUP, INC.



FILED

04 FEB -6 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4901 BIRCH STREET
NEWPORT BEACH, CA 92660

Mailing Address

4901 BIRCH STREET
NEWPORT BEACH, CA 92660



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0560238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

| | |
|----------------|-------------------------|
| TITLE | PD |
| NAME | SURYAN, FRANK T JR. |
| STREET ADDRESS | 4901 BIRCH STREET |
| CITY-ST-ZIP | NEWPORT BEACH, CA 92660 |
| TITLE | VS |
| NAME | MARTIN, CHERYL A |
| STREET ADDRESS | 4901 BIRCH STREET |
| CITY-ST-ZIP | NEWPORT BEACH, CA 92660 |
| TITLE | T |
| NAME | MURPHY, DIANE J |
| STREET ADDRESS | 4901 BIRCH STREET |
| CITY-ST-ZIP | NEWPORT BEACH, CA 92660 |
| TITLE | CD |
| NAME | LYON, WILLIAM |
| STREET ADDRESS | 4490 VON KARMAN |
| CITY-ST-ZIP | NEWPORT BEACH, CA 92660 |
| TITLE | D |
| NAME | FRANKEL, RICHARD E |
| STREET ADDRESS | 1620 LA LOMA DRIVE |
| CITY-ST-ZIP | SANTA ANA, CA 92705 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

200029346872
03/05/04-01028-017 **150.00

**DO NOT WRITE
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: Frank T. Suryan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 252-9101

Date

Daytime Phone #