

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 692654

1. Entity Name
LYONS AND FARRAR, P.A.

Principal Place of Business

**201 ALHAMBRA CIR
#711
CORAL GABLES, FL 33134 US**

Mailing Address

**201 ALHAMBRA CIR
#711
CORAL GABLES, FL 33134 US**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2104700

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARRAR, CHARLES O JR.
201 ALHAMBRA CIR
SUITE 711
CORAL GABLES, FL 33134**

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP FARRAR, CHARLES O JR 9249 SW 69TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LYONS, MARSHA L 3093 O'BRIEN DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LYONS, MARSHA L 3093 O'BRIEN DRIVE TALLAHASSEE, FL
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U000000143775
04/30/04-80106-002 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 305567122