

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370808

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** MICHAEL T. LYONS INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

929 CYPRESS DRIVE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

929 CYPRESS DRIVE  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 59-1311443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYONS, MICHAEL T.  
929 CYPRESS DRIVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: LYONS, MICHAEL T  
Address: 929 CYPRESS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVPS  
Name: LYONS, CYNTHIA N  
Address: 929 CYPRESS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T LYONS

PRES

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date