

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 451676

1. Entity Name
LYONSDOWN SCHOOL, INC.



Principal Place of Business
15270 S.W. 288TH ST.
HOMESTEAD, FL 33033-1424

Mailing Address
15270 S.W. 288TH ST.
HOMESTEAD, FL 33033-1424



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1542956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARRELL, DOROTHY A
15270 S.W. 288TH ST.
701 CHIPPEWA AVE
TAMPA, FL 33506

**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 *Dorothy A Farrell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistating)

Feb 29, 04
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 P
NAME FARRELL, DOROTHY A
STREET ADDRESS 701 CHIPPEWA AVE.
CITY - ST - ZIP TAMPA, FL 33606

TITLE VP
NAME FARRELL, SEAN
STREET ADDRESS 3611 ELK RIDGE LANE
CITY - ST - ZIP VALRICO, FL 33594

TITLE D
NAME FARRELL, SCOTT
STREET ADDRESS 2210 KENWICK DR.
CITY - ST - ZIP VALRICO, FL 33594

TITLE D
NAME FARRELL, TODD
STREET ADDRESS 2751 SW 71 TERRACE
CITY - ST - ZIP DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000076880
03/05/04-80020-013 150.00

**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)(b), 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 #

Dorothy A Farrell *Feb 29, 04* *905 245-5533*