

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 614781

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: JACK LYONS TRUCK PARTS, INC.

**Current Principal Place of Business:**

8482 N.W. 96 STREET  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8482 N.W. 96 STREET  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 59-1897274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LYONS, JACK  
8482 N.W. 96 STREET  
MEDLEY, FL 33166      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LYONS, JACK,  
Address: 8482 N.W. 96 STREET  
City-St-Zip: MEDLEY, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: LYONS, JACK SR.,  
Address: 8482 NW 96TH STREET  
City-St-Zip: MEDLEY, FL 33166

Title: VP ( ) Change (X) Addition  
Name: LYONS, JACK JR.,  
Address: 8482 NW 96TH STREET  
City-St-Zip: MEDLEY, FL 33166

Title: SEC. ( ) Change (X) Addition  
Name: LYONS, PATRICK J.,  
Address: 8482 NW 96TH STREET  
City-St-Zip: MEDLEY, FL

Title: TREA ( ) Change (X) Addition  
Name: LYONS,ALAN L.,  
Address: 8482 NW 96TH STREET  
City-St-Zip: MEDLEY, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORA CALVO

Electronic Signature of Signing Officer or Director

ADMI

04/26/2006

\_\_\_\_\_ Date