2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 614781

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: 59-1897294 **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:

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

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: LYONS, JACK JR 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

Title: SD ( ) Delete
Name: LYONS, PATRICK J.
Address: 8482 NW 96TH STREET
City-St-Zip: MEDLEY, FL 33166 US

Title: TREA ( ) Delete
Name: LYONS, PATRICK J.
Address: 8482 NW 96TH STREET
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change ( ) Addition
Name: LYONS, PATRICK J.
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 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 AA 04/15/2009
Electronic Signature of Signing Officer or Director Date