

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 27 PM 1:35

DOCUMENT # F03000005786

1. Entity Name  
LYON MANAGEMENT GROUP, INC.



Principal Place of Business  
4901 BIRCH STREET  
NEWPORT BEACH, CA 92660

Mailing Address  
4901 BIRCH STREET  
NEWPORT BEACH, CA 92660



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0560238

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SURYAN, FRANK T JR.  
STREET ADDRESS 4901 BIRCH STREET  
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE VS  
NAME MARTIN, CHERYL A  
STREET ADDRESS 4901 BIRCH STREET  
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE T  
NAME MURPHY, DIANE J  
STREET ADDRESS 4901 BIRCH STREET  
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE CD  
NAME LYON, WILLIAM  
STREET ADDRESS 4490 VON KARMAN  
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE D  
NAME FRANKEL, RICHARD E  
STREET ADDRESS 1620 LA LOMA DRIVE  
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100046119751  
02/07/05--01043--015 \*\*158.75

**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

Frank T. Suryan, Jr.

Date

(949) 252-9101

Daytime Phone #