


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F73123</b> 1. Entity Name <b>LYONS INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>8505 SW 110TH ST MIAMI FL 33156</b>		Mailing Address <b>8505 SW 110TH ST MIAMI FL 33156</b>	
2. Principal Place of Business <b>8505 S.W. 110TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>8505 S.W. 110TH ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33156</b>		City & State <b>MIAMI FL</b> Zip <b>33156</b>	
4. FEI Number <b>59-2191230</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LYONS, DOUGLAS E 8505 SW 110TH ST MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PD LYONS, DOUGLAS E	TITLE	[Blank]
NAME	LYONS, DOUGLAS E	NAME	[Blank]
STREET ADDRESS	8505 SW 110TH ST	STREET ADDRESS	[Blank]
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	[Blank]
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	VP	TITLE	[Blank]
NAME	LYONS, EILEEN B.	NAME	[Blank]
STREET ADDRESS	8505 S.W. 110TH ST.	STREET ADDRESS	[Blank]
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	[Blank]
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	[Blank]	TITLE	[Blank]
NAME	[Blank]	NAME	[Blank]
STREET ADDRESS	[Blank]	STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]	CITY-ST-ZIP	[Blank]
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	[Blank]	TITLE	[Blank]
NAME	[Blank]	NAME	[Blank]
STREET ADDRESS	[Blank]	STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]	CITY-ST-ZIP	[Blank]
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	[Blank]	TITLE	[Blank]
NAME	[Blank]	NAME	[Blank]
STREET ADDRESS	[Blank]	STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]	CITY-ST-ZIP	[Blank]
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Douglas E. Lyons</i></u> <b>DOUGLAS E. LYONS</b> <u>3-2-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E034 (10/04)