## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44500

GOSS, ROBERT E

100 MENENDEZ RD

SAINT AUGUSTINE, FL 32080

Name:

Address:

City-St-Zip:

Entity Name: LYONS MACHINE TOOL COMPANY, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5115 CRESCENT TECHNICAL COURT ST AUGUSTINE, FL 32086 **Current Mailing Address: New Mailing Address:** 5115 CRESCENT TECHNICAL COURT ST AUGUSTINE, FL 32086 FEI Number: 59-2720219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYONS, CHRISTINE E 830 OAKRIDGE RD. ST AUGUSTINE, FL 32086 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LYONS, KEVIN Name: Name: 830 OAKRIDGE RD. Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: VSTD Title: () Delete () Change () Addition Name: LYONS, CHRISTINE E Name: 830 OAKRIDGE RD. Address: Address: SAINT AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip: Title: Title: CM () Delete CM (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

LYONS, JOSEPH P

405 FLAGLER BOULEVARD 5B

SAINT AUGUSTINE, FL 32080

SIGNATURE: CHRISTINE E. LYONS VSTD 04/30/2008