2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# M54971

Entity Name: JACK LYONS TRUCK PARTS OF FT. MYERS, INC.

Current Principal Place of Business:

5811 ENTERPRISE PKWY
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

5811 ENTERPRISE PKWY
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 59-2823359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

Title: TREA ( ) Delete
Name: LYONS, ALAN L.,
Address: 8482 NW96TH STREET
City-St-Zip: MEDLEY, FL 33166

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

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 ADM 02/21/2008

Electronic Signature of Signing Officer or Director Date