

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54971

FILED  
Apr 15, 2009  
Secretary of State

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:

LYONS PATRICK J  
8482 NW 96TH 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 PATRICK J

04/15/2009

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

AA

04/15/2009

Electronic Signature of Signing Officer or Director

Date