

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96432

FILED
Feb 15, 2008
Secretary of State

Entity Name: LYONS HOUSING CORP.

Current Principal Place of Business:

9240 MARKETPLACE ROAD
SUITE 1
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

9240 MARKETPLACE ROAD
SUITE 1
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0068678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYONS, BOBBY R
9240 MARKETPLACE ROAD
SUITE 1
FORT MYERS, FL 33912 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: DPS () Delete
Name: LYONS, BOBBY R.,
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FT. MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: LYONS, NORMA L
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Change (X) Addition
Name: ROSE, TIMOTHY W
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Change (X) Addition
Name: HAMMOND, CHRIS
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

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: BOBBY R LYONS

DPS

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date