

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90219 034 \*\*\*150.00

**DOCUMENT # P00000097727**

1. Entity Name

LYON'S ALUMINUM, IINC.



Principal Place of Business

418 OAK STREET  
SEBASTIAN FL 32958

Mailing Address

418 OAK STREET  
SEBASTIAN FL 32958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
65-1048061

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, JENNIE L  
418 OAK STREET  
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name *Douglas R Lyon*  
Street Address (P.O. Box Number is Not Acceptable)  
*418 Oak St*  
City *Seb* FL Zip Code *32958*

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

*Douglas R Lyon*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/25/06*

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME LYON, DOUG  
STREET ADDRESS 418 OAK STREET  
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE D  
NAME LYONS, JENNIE L  
STREET ADDRESS 418 OAK STREET  
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Delete

TITLE T  
NAME TZANAKOS, THEMIS  
STREET ADDRESS 418 OAK STREET  
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/06* *772 9151909*