


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90168 040 ***150.00

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|--|--|---|---|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 40080011  04232007 Chg-P CR2E034 (12/06) 4. FEI Number 65-1048061 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LYNN, DAVID N 415 OAK STREET SEBASTIAN, FL 32958 | | | | 7. Name and Address of New Registered Agent Name <u>Doug Lyon</u> Street Address (P.O. Box Number is Not Acceptable) <u>418 Oak ST</u> City <u>Sebastian</u> <u>FL</u> Zip Code <u>32968</u> | |
| 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 <u>David N Lynn</u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP LYON, DOUG 418 OAK STREET SEBASTIAN, FL 32958 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T TZANAKOS, THEMIS 418 OAK STREET SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David N Lynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>Douglas R Lyon</u> <small>Date</small> | | <u>4/23/07 772 913 1909</u> <small>Daytime Phone #</small> | |