

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # PQ0000104176

1. Entity Name
THE LAW OFFICES OF LANCE D. LYONS, P.A.



Principal Place of Business
1881 N.E. 26TH STREET
SUITE 229, BOX B4
WILTON MANORS, FL 33305

Mailing Address
P.O. BOX 21746
FORT LAUDERDALE, FL 33335

DO NOT WRITE IN THIS SPACE



05182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0911801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, LANCE D
1881 N.E. 26TH ST.
SUITE 229, BOX B4
WILTON MANORS, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
LYONS, LANCE D
1881 N.E. 26TH STREET, SUITE 229, BOX B4
WILTON MANORS, FL 33305

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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UD00000161418
05/24/04-80007-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Lance D Lyons Lance D. Lyons 4-2904 954-562-4658