


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104176 1. Entity Name THE LAW OFFICES OF LANCE D. LYONS, P.A.	
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Principal Place of Business 3028 N.E. 5 TERRACE WILTON MANORS, FL 33334	Mailing Address P.O. BOX 21746 FORT LAUDERDALE, FL 33335
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LYONS, LANCE D 3028 N.E. 5 TERRACE WILTON MANORS, FL 33334	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LYONS, LANCE D 3028 N.E. 5 TERRACE WILTON MANORS, FL 33334
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06/20/08-80001-012 150.00

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: Lance D. Lyons 5-15-08 9546512441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jun 20, 2008 08:00 AM**  
**Secretary of State**



05042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0911801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>