

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000034041 1. Entity Name LYONS HOE EXCAVATING, INC.	
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Principal Place of Business 16105 NORTH FLORIDA AVE SUITE D LUTZ, FL 33549	Mailing Address 16105 NORTH FLORIDA AVE SUITE D LUTZ, FL 33549
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number 59-3714826	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, EDWARD L 16105 N. FLORIDA AVE. SUITE D LUTZ, FL 33549
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**DO NOT WRITE
IN THIS SPACE**

3. 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 _____
Signature, type or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

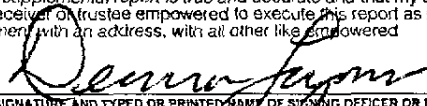
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYONS, EDWARD L 16105 NORTH FLORIDA AVE., SUITE D LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYONS, DEANNA R 16105 NORTH FLORIDA AVE., SUITE D LUTZ, FL 33549
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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:  **Deanna Lyons** 4/7/06 (813) 664-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #