

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 027 ***150.00

DOCUMENT # P02000055903																													
1. Entity Name LONYX CORP.																													
Principal Place of Business 2800 SW 35TH PL #106A GAINESVILLE, FL 32608			Mailing Address 2800 SW 35TH PL #106A GAINESVILLE, FL 32608																										
2. Principal Place of Business 2500 W North A St. Suite, Apt. #, etc. TAMPA, FL City & State		3. Mailing Address 2500 W North A St Suite, Apt. #, etc. TAMPA, FL City & State		09132004 Chg-P CR2E034 (10/03)																									
Zip Country 33609		Zip Country 33609		4. FEI Number 01-0710511																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent HANSON, KEVIN 2800 SW 35TH PL #106A GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Christopher Longrie Street Address (P.O. Box Number is Not Acceptable) 410 S. Albany Ave #3 TAMPA City FL Zip Code 33606																										
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 CHRISTOPHER LONGRIE 9-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER LONGRIE 9-12-04 813-363-5975 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #																													