

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125399

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** LYRIC FARMS & EQUIPMENT, INC.

**Current Principal Place of Business:**

21443 LAKE LINDSEY RD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

14353 LYNN ACRES LN  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

21443 LAKE LINDSEY RD  
BROOKSVILLE, FL 34601

**New Mailing Address:**

14353 LYNN ACRES LN  
BROOKSVILLE, FL 34601

**FEI Number:** 43-1984605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIEL, RICHARD L  
21443 LAKE LINDSEY RD  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

DANIEL, RICHARD L  
14353 LYNN ACRES LN  
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: RICHARD L DANIEL

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DANIEL, LYNN G  
Address: 14353 LYNN ACRES LN  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP  
Name: DANIEL, RICHARD L  
Address: 14353 LYNN ACRES LN  
City-St-Zip: BROOKSVILLE, FL 34601

Title: TRES  
Name: DANIEL, RICHARD L  
Address: 14353 LYNN ACRES LN  
City-St-Zip: BROOKSVILLE, FL 34601

Title: CEO  
Name: DANIEL, RICHARD L  
Address: 14353 LYNN ACRES LN  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN G DANIEL

P

04/15/2011

Electronic Signature of Signing Officer or Director

Date