

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90018 016 ***150.00

DOCUMENT # P03000067614

1. Entity Name
LYONS & SONS, INC.



Principal Place of Business
**3023 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

Mailing Address
**3023 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

04014435



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

86-1070524

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNIGHT, JERRY C
2825 NORTH OCEANSHORE BLVD.
BEVERLY BEACH, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP SUZANNE O. LYONS
STREET ADDRESS	3023 N. OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVPST THOMAS F. LYONS
STREET ADDRESS	3023 N. OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D VP SCOTT T. LYONS
STREET ADDRESS	3023 N. OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D VP MATTHEW C. LYONS
STREET ADDRESS	3023 N. OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D VP BRETT A. LYONS
STREET ADDRESS	3023 N. OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Suzanne O. Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE O. LYONS

02-21-04

386 517-0636

Date

Daytime Phone #