

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 033 \*\*\*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**

**60010492**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

**86-1070524**

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  
 4721 E MOODY BLVD, STE 505 & 506  
 BUNNELL, FL 32110**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, SUZANNE O	NAME	
STREET ADDRESS	3023 N. OCEANSHORE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, THOMAS F	NAME	
STREET ADDRESS	3023 N. OCEANSHORE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, SCOTT T	NAME	
STREET ADDRESS	3023 N. OCEANSHORE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, MATTHEW	NAME	
STREET ADDRESS	3023 N. OCEANSHORE BLVD	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, BRETT P	NAME	
STREET ADDRESS	3023 N. OCEANSHORE BLVD	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Thomas F Lyons* **THOMAS F. LYONS**

01-20-06 386 931-6488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #