

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2006 90040 033 ***150.00

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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
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
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LYONS, SUZANNE O
3023 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
LYONS, THOMAS F
3023 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LYONS, SCOTT T
3023 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LYONS, MATTHEW
3023 N. OCEANSHORE BLVD
FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LYONS, BRETT P
3023 N. OCEANSHORE BLVD
FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-06 386 931-6488

Date

Daytime Phone #