

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 045 ***150.00

DOCUMENT # P04000038518																																															
1. Entity Name ROBERT LYONS, INC.																																															
Principal Place of Business 411 NORTH NORMANDALE AVENUE ORLANDO, FL 32835 US			Mailing Address 411 NORTH NORMANDALE AVENUE ORLANDO, FL 32835 US																																												
2. Principal Place of Business		3. Mailing Address 2428 S MAPLE AVE																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		Sanford FLORIDA		4. FEI Number 30-0232719																																											
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
32771		USA		Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent DEVORE, ROSA L 685-B GEORGIA AVENUE LONGWOOD, FL 32750-432			7. Name and Address of New Registered Agent Name: DELORE ROSA L Street Address (P.O. Box Number is Not Acceptable): 2428 SOUTH MAPLE AVENUE City: SANFORD FL Zip Code: 32771																																												
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: <i>Rosa L Devore</i> DATE: 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%;"> TITLE P/T NAME LYONS, ROBERT M STREET ADDRESS 411 NORTH NORMANDALE AVENUE CITY-ST-ZIP ORLANDO, FL 32835 </td> <td style="width: 33%; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 33%;"> TITLE P/T NAME LYONS, ROBERT M STREET ADDRESS 7226 W. COLONIAL DR #193 CITY-ST-ZIP ORLANDO, FLORIDA 32818 </td> <td style="width: 33%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE P/T NAME LYONS, ROBERT M STREET ADDRESS 411 NORTH NORMANDALE AVENUE CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE P/T NAME LYONS, ROBERT M STREET ADDRESS 7226 W. COLONIAL DR #193 CITY-ST-ZIP ORLANDO, FLORIDA 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																
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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: <i>Robert Lyons</i> DATE: 4/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															

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