## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000043153

1. Entity Name

LYON PLUMBING SERVICE, INC.



Principal Place of Business Mailing Address

675 SE 8TH PLACE HIALEAH, FL 33010 675 SE 8TH PLACE HIALEAH, FL 33010

**FILED** Mar 09, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

03062007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-0850421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

LEON, MANUEL 675 SE 8TH PLACE HIALEAH, FL 33010

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

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  Supparing lyong or grutted name of regulatered agent and title if applicable. (NOTE: Regulatered Agent signature required when reinstating).  DATE					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign I Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	l l		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, MANUEL 675 SE 8TH PLACE HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000660619 03/20/07-80007-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-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 applications, with all other like empowered.					

Jeon

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR