

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081372

Entity Name: JOHN P. LYONS, PA

FILED  
Jul 20, 2006  
Secretary of State

**Current Principal Place of Business:**

296 ROTONDA CR  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

296 ROTONDA CR  
ROTONDA WEST, FL 33947

**New Mailing Address:**

PO BOX 3875  
PLACIDA, FL 339463875

FEI Number: 20-3310738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYONS, JOHN P  
296 ROTONDA CR  
ROTONDA WEST, FL 33947 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LYOND, JOHN P  
Address: 296 ROTONDA CR  
City-St-Zip: ROTONDA WEST, FL 33947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LYONS, JOHN P  
Address: 296 ROTONDA CR  
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P LYONS SR

PRES

07/20/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date