


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90002 019 \*\*\*550.00

<b>DOCUMENT # P06000019528</b>	
1. Entity Name <b>MEL LYONS AIRCRAFT, INC.</b>	

Principal Place of Business <b>3217 VAIL VIEW DRIVE PORT ORANGE, FL 32128</b>	Mailing Address <b>3217 VAIL VIEW DRIVE PORT ORANGE, FL 32128</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40132182



07102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>90-025-5411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LYONS, MEL 3217 VAIL VIEW DRIVE PORT ORANGE, FL 32128</b>		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 *Mel Lyons* *MEL LYONS P* *9-10-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LYONS, MEL 3217 VAIL VIEW DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: *Mel Lyons* *9-10-07* *386-290-4998*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #