

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000097926

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** LYONS FINANCIAL RESOURCES, INC.

**Current Principal Place of Business:**

4863 HAMPSHIRE COURT  
#203  
NAPLES, FL 34112

**New Principal Place of Business:**

4765 SHINNECOCK HILLS COURT #202  
NAPLES, FL 34112

**Current Mailing Address:**

4863 HAMPSHIRE COURT  
#203  
NAPLES, FL 34112

**New Mailing Address:**

4765 SHINNECOCK HILLS COURT  
#202  
NAPLES, FL 34112

**FEI Number:** 22-3013836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, ROBERT F  
4863 HAMPSHIRE COURT  
#203  
NAPLES, FL 34112 US

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

LYONS, ROBERT F  
4765 SHINNECOCK HILLS COURT  
#202  
NAPLES, FL 34112 US

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:

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVP  
Name: LYONS, ROBERT F  
Address: 4765 SHINNECOCK HILLS COURT #202  
City-St-Zip: NAPLES, FL 34112

Title: TS  
Name: LYONS, ROBERT F  
Address: 4765 SHINNECOCK HILLS COURT #202  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: ROBERT F. LYONS

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date