

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000098418

Entity Name: JASON LYONS & CO., INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16245 NW 112TH CT  
REDDICK, FL 32686

**New Principal Place of Business:**

5093 NW 35 PLACE ROAD  
OCALA, FL 34482

**Current Mailing Address:**

16245 NW 112TH CT  
REDDICK, FL 32686

**New Mailing Address:**

5093 NW 35 PLACE ROAD  
OCALA, FL 34482

FEI Number: 26-0838138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYONS, JASON  
16245 NW 112TH CT  
REDDICK, FL 32686 US

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

LYONS, JASON  
5093 NW 35 PLACE ROAD  
OCALA, FL 34482 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: JASON LYONS

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYONS, JASON  
Address: 5093 NW 35 PLACE ROAD  
City-St-Zip: OCALA, FL 34482 US

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: JASON LYONS

MGR

04/25/2012

Electronic Signature of Signing Officer or Director

Date