

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000051100

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** LYONS CAFE, INCORPORATED

**Current Principal Place of Business:**

5765 MONCRIEF ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

5765 MONCRIEF ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 27-2841803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILEY, ROBERT T SR  
1838 RIVERVIEW STREET  
JACKSONVILLE, FL 32208 US

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

WILEY, ROBERT T SR  
2026 ROWE AVENUE  
JACKSONVILLE, FL 32208 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: ROBERT T. WILEY SR.

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILEY, ROBERT T SR  
Address: 5765 MONCRIEF ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: EVP  
Name: LYONS, FRANK  
Address: 5765 MONCRIEF ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP  
Name: LITTLETON, EDDIE  
Address: 5765 MONCRIEF ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP/T  
Name: WILEY, GLORIA M  
Address: 5765 MONCRIEF ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

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 T. WILEY SR.

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date