

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000056632

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: LYONS PRIDE INC.

**Current Principal Place of Business:**

2205 PARKIN RD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

2205 PARKIN RD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYONS, JAMES  
2205 PARKIN RD  
JACKSONVILLE, FL 32218 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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: LYONS, JAMES  
Address: 2205 PARKIN RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D/VP  
Name: LYONS, JACOB  
Address: 2205 PARKIN RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D/T  
Name: LYONS, SARAH  
Address: 2184 DAVIS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S  
Name: LYONS, SARAH  
Address: 2184 DAVIS RD  
City-St-Zip: JACKSONVILLE, FL 32218

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: JAMES LYONS

D/P

04/25/2012

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

\_\_\_\_\_  
Date