2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# P94000075328

Entity Name: LYONS HERITAGE CORP.

Current Principal Place of Business:

9240 MARKETPLACE ROAD
SUITE 1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

9240 MARKETPLACE ROAD
SUITE 1
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0525881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYONS, BOBBY
9240 MARKETPLACE ROAD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

PEEPLES, PERRY
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108 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: C. PERRY PEEPLES 03/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LYONS, BOBBY R
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete
Name: LYONS, NORMA L
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete
Name: GARTON, LORI
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete
Name: HAMMOND, CHRIS
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS HAMMOND VP 03/07/2008
Electronic Signature of Signing Officer or Director Date