

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90011 033 \*\*\*150.00

DOCUMENT # P96000059682

1. Entity Name  
LION INTERNATIONAL COMPANY, INC.



Principal Place of Business  
413 NIGHT HAWK LANE  
ST AUGUSTINE, FL 32080 US

Mailing Address  
413 NIGHT HAWK LANE  
ST AUGUSTINE, FL 32080 US

2. Principal Place of Business - No P.O. Box #  
308 OAKHAVEN

Suite, Apt. #, etc. COURT

3. Mailing Address  
308 OAKHAVEN COURT

Suite, Apt. #, etc.

City & State  
ST AUGUSTINE

City & State  
ST AUGUSTINE

Zip Country  
32092 US

Zip Country  
32092 US

05312007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3388941

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIFATO, JOSEPH C  
413 NIGHT HAWK LANE  
ST. AUGUSTINE, FL 32084

NEW  
ADDRESS

## 7. Name and Address of New Registered Agent

Name  
DIFATO, JOSEPH C  
Street Address (P.O. Box Number is Not Acceptable)

308 OAKHAVEN COURT

City ST AUGUSTINE FL Zip Code 32092

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph C Difato* 5/31/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME DIFATO, JOSEPH C ☐ Delete  
STREET ADDRESS 413 NIGHT HAWK LANE  
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 308 OAKHAVEN COURT  
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS OAKHAVEN  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Joseph C Difato* President 5/31/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #