

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000023033

1. Entity Name
LYTTON & ASSOCIATES, INC.



Principal Place of Business
**120 NORTH AZALEA TERRACE
INVERNESS, FL 34450**

Mailing Address
**P O BOX 245
INVERNESS, FL 34451-0245**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3510498

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WRIGHT, DAVID W
120 NORTH AZALEA TERRACE
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, DAVID W
STREET ADDRESS PO BOX 245
CITY-ST-ZIP INVERNESS, FL 344510245

TITLE VP
NAME LYTTON, EDWIN H
STREET ADDRESS PO BOX 245
CITY-ST-ZIP INVERNESS, FL 34451

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/27/05-80088-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Wright DAVID WRIGHT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05 3527260066
Date Daytime Phone #