

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071458

FILED
Apr 30, 2004
Secretary of State

Entity Name: STORMANT & LYONS, INC.

Current Principal Place of Business:

6012 SAN JOSE BLVD
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6012 SAN JOSE BLVD
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3528005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORMANT, G. AARON
1336 WOODWARD AVENUE
JACKSONVILLE, FL 32207

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STORMANT, GREGORY A
Address: 1336 WOODWARD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: STORMANT, MARGARET M
Address: 1336 WOODWARD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: LYONS, MICHAEL J
Address: 2934 PRINCETON AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: LYONS, DIANNE E
Address: 2934 PRINCETON AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: BAYONNE, TRACEE M
Address: 4006 CONGA ST
City-St-Zip: JACKSONVILLE, FL 32217

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAGGIE STORMANT

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date