2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071458

City-St-Zip:

Entity Name: STORMANT & LYONS, INC.

FILED Mar 31, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place o	f Business:	
	JOSE BLVD WILLE, FL 32217	7 US	3568 UNIVERSITY BLV JACKSONVILLE, FL 32		
Current M	lailing Address:		New Mailing Address	:	
6012 SAN JOSE BLVD JACKSONVILLE, FL 32217 US			1336 WOODWARD AVE JACKSONVILLE, FL 32207 US		
FEI Number	: 59-3528005	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1336 WOO JACKSON The above	NT, G. AARON DDWARD AVENI IVILLE, FL 3220 named entity su of Florida.	7 US	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Ag	gent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D STORMANT, GRE 1336 WOODWAR JACKSONVILLE,	GORY A D AVENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () D STORMANT, MAR 1336 WOODWAR JACKSONVILLE,	GARET M D AVENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	

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: MARGARET M. STORMANT **PRES** 03/31/2005