

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90024 006 \*\*\*558.75

**DOCUMENT # V42931**

1. Entity Name  
**LYONS PRINTING & OFFICE SUPPLIES, INC.**



Principal Place of Business  
**532 EAST OBISPO AVE.  
CLEWISTON, FL 33440**

Mailing Address  
**532 EAST OBISPO AVE.  
CLEWISTON, FL 33440**

**66021979**



07312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0344461**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVID A. LYONS  
532 E. OBISPO AVE.  
CLEWISTON, FL 33440**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P.  
LYONS, DAVID A.  
532 E. OBISPO AVE.  
CLEWISTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
LYONS, LINDA J.  
532 E. OBISPO AVE.  
CLEWISTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*DAVID A. LYONS* **DAVID A. LYONS**

Date

Daytime Phone #

**9/10/07 863.983.6753**



ATTACHMENT

66021979  
# V42931

**Printing & Office Supplies, Inc.** \_\_\_\_\_ Since 1983

402-B East Sugarland Highway  
P.O. Box 516 • Clewiston, FL 33440-0516  
(863) 983-6753 • (863) 983-6333  
(800) 330-6755 • Fax (863) 983-2607

411 Highway 80 West  
LaBelle, FL 33935  
(863) 675-2970 • (800) 330-0182  
Fax (863) 675-3606

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Dear Sirs:

We are sending the check for past due on Corporation Annual Report, but we never received the first request. I have check with my accountant and she did not receive it either. If you check our history in remitting this fee, we have always paid on time.

I am requesting that you take exception on this matter. \$558.75 is a far cry from the fee we usually pay.

Thank you for your kind consideration with this matter.

Respectfully,

A handwritten signature in cursive script, appearing to read "Linda J. Lyons".

Linda J. Lyons  
Fed. I.D. #65-0344461  
Lyons Printing & Office Supplies, Inc.  
532 East Obispo Ave.  
Clewiston, Fl. 33440