


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 502527</b> 1. Entity Name LOMBARDO, SKIPPER & FOLEY, INC.	
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Principal Place of Business 825 4TH STREET WEST BOX 188 PALMETTO, FL 34220-0188 US	Mailing Address 825 4TH STREET WEST BOX 188 PALMETTO, FL 34220-0188 US
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04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1669176	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LOMBARDO, ROBERT J. 825 4TH STREET WEST PALMETTO, FL 34221	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT LOMBARDO, ROBERT J. 316 81ST. ST. WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SKIPPER, JAN L 4460 COCANUT AVE. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS FOLEY, JOHN R 2001 RIVERVIEW BLVD. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOLARIK, KENNETH C 816 36TH ST W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000330750  
04/25/05-80174-008 158.75

**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)(f), 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:**  **4-22-05** **941 722 4544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #