

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650459

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: LOMBARDI'S SEAFOOD, INC.

## Current Principal Place of Business:

7491 BROKERAGE DR.  
ORLANDO, FL 32809

## New Principal Place of Business:

7520 CHANCELLOR DRIVE  
ORLANDO, FL 32809

## Current Mailing Address:

7491 BROKERAGE DR.  
ORLANDO, FL 32809

## New Mailing Address:

7520 CHANCELLOR DRIVE  
ORLANDO, FL 32809

FEI Number: 59-1979411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOMBARDI, ANTHONY  
7491 BROKERAGE DR.  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

LOMBARDI, ANTHONY  
7520 CHANCELLOR DRIVE  
ORLANDO, FL 32809 US

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:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOMBARDI, ANTHONY,  
Address: 1806 FAIRVIEW SHORE DR  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: LOMBARDI, ANGELINA,  
Address: 1806 FAIRVIEW SHORE DR  
City-St-Zip: ORLANDO, FL 32804

Title: PD ( ) Delete  
Name: LOMBARDI, ANTHONY JR,  
Address: 2710 MIDSUMMER DRIVE.  
City-St-Zip: WINDERMERE, FL 34786

Title: T ( ) Delete  
Name: BIGGS, SUSAN,  
Address: 1032 BALDWIN PARK  
City-St-Zip: ORLANDO, FL 32814

Title: V ( ) Delete  
Name: LOMBARDI, VINCENT  
Address: 967 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: LOMBARDI, DEBRA  
Address: 703 SAN ESTABAN AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## 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:

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 Chapter 119, 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: VINCENT LOMBARDI

V

04/10/2007

Electronic Signature of Signing Officer or Director

Date