


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90022 010 \*\*\*158.75

**DOCUMENT # F02000004979**

1. Entity Name  
**LOMBARD ASSOCIATES, INC.**



Principal Place of Business  
**1305 LORETTO CIR.  
 ODESSA, FL 33556**

Mailing Address  
**1305 LORETTO CIR.  
 ODESSA, FL 33556**

2. Principal Place of Business  
**4809 EHELICH ROAD**  
 Suite, Apt. #, etc.  
**SUITE #103**

3. Mailing Address  
**4809 EHELICH ROAD**  
 Suite, Apt. #, etc.  
**SUITE #103**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip Country  
**33624 Hillsborough**

Zip Country  
**33624 Hillsborough**



01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1074722**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOMBARD, JAMES R  
 1305 LORETTO CIR.  
 ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name  
**LOMBARD, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)  
**4809 EHELICH ROAD**

**SUITE #103**

City **TAMPA** FL Zip Code **33624**

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: *James R. Lombard* **JAMES R. LOMBARD, PRESIDENT** 1/7/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LOMBARD, JAMES R	
STREET ADDRESS	1305 LORETTO CIR.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOMBARD, MARGARET A	
STREET ADDRESS	81 PLYMOUTH ST.	
CITY-ST-ZIP	STRATFORD, CT 06614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARD, JAMES R.	
STREET ADDRESS	4809 EHELICH ROAD, SUITE #103	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *James R. Lombard* 1/7/04 (813) 969-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #