


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		3. Mailing Address 4809 EHELICH ROAD	
Suite, Apt. #, etc. SUITE #103		Suite, Apt. #, etc. SUITE #103	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33624	Country Hillsborough	Zip 33624	Country Hillsborough
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: <i>James R. Lombard</i>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LOMBARD, JAMES R 1305 LORETTO CIR. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOMBARD, JAMES R. 4809 EHELICH ROAD, SUITE #103 TAMPA, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOMBARD, MARGARET A 81 PLYMOUTH ST. STRATFORD, CT 06614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James R. Lombard</i>		1/7/04 (813) 969-3838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

