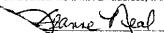
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H24179 1. Entity Name					Secretary of State					
LOMBAR	RDO'S, INC.							·		
Principal Plac	ce of Business	_ Mailing	Address							
DUNNELLON FL 34432		5388 S DUNNE US	SIUS HWY 41 NELLON FL 34432							
Principal Place of Business 3. Ma		3. Madin	ng Address]				
Suite. Apt. #, etc.		Suite,	Apt. #, etc.		15	t MOORE	CR2E034	(10/05)		
City & State		City &	\$ State		4. FEI Numb	59-248406	0		pplied Far	
Zip	Country Zip			Counti	Country		of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered	Agent			7. Name and	Address of New	Registered /	lgen1	_
NEAL, JEANNE 5388 S US HWY 41 DUNNELLON FL 34432			Name							
			Street Address (F		P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	d e
	e named entity submits this statement for tions of registered agent.	or the purpos	e of changing its	registered	d office or register	red agent, or bo	ith, in the State of F	lorida. 1 e m l	amiliar with	, and acco
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applica	ole (NOTE	E Registered	Agent signature required	when rounstating)		DATE	<u>.</u>	
· 、	TILE NOW!!! FEE IS \$150.00	aw w	<u> </u>							·
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Camp Trust Fund Co	_		.00 May led to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	RS (IN T1
TITLE	PD		☐ Oelete	tale	ļ		Doonaa	3-2-2-E	☐ Change	المُنْ اللَّهُ
NAME STREET ADDRESS	NEAL, TIMMIE R 5388 S US HWY 41		NAME STREET ADDRESS		U00000422295 02/17/06-80008-014 150.00					
CITY-ST-ZIP	DUNNELLON FL 34432			CITY-S	ST- ZIP					
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NAME STREET AODRESS	NEAL, JEANNE 1538B S US HWY 41			NAME STREET	AODRESS					
City-St-Zip	DUNNELLON FL		-	CITY-S	l l					
TITLE	V		☐ Detate	HILE				=	☐ Change	= □#:''
NAME	NEAL, SHANNON			NAME						
STREET ADDRESS	5388 S. U.S. HWY 41			1	ADDRESS					
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STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	T-Z1P					

1. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information adicated 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 direction 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 or on an attachment with an address, with all other like empowered.



Jeanne Neal sedtres

2-2-06

352 489-9664

FILED