


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H24179</b> 1. Entity Name <b>LOMBARDO'S, INC.</b>																																																																													
Principal Place of Business <b>5388 S US HWY 41 DUNNELLON FL 34432 US</b>		Mailing Address <b>5388 S US HWY 41 DUNNELLON FL 34432 US</b>																																																																											
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																																																																											
		1st MOORE		CR2E034 (10/05)																																																																									
		4. FEI Number		59-2484060																																																																									
				Applied For Not Applicable																																																																									
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required																																																																									
6. Name and Address of Current Registered Agent  <b>NEAL, JEANNE 5388 S US HWY 41 DUNNELLON FL 34432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL      Zip Code</div>																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEAL, TIMMIE R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5388 S US HWY 41</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUNNELLON FL 34432</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">STD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEAL, JEANNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5388 S US HWY 41</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUNNELLON FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">V</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEAL, SHANNON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5388 S. U.S. HWY 41</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUNNELLON FL 34432</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	NEAL, TIMMIE R		STREET ADDRESS	5388 S US HWY 41		CITY-ST-ZIP	DUNNELLON FL 34432		TITLE	STD	<input type="checkbox"/> Delete	NAME	NEAL, JEANNE		STREET ADDRESS	5388 S US HWY 41		CITY-ST-ZIP	DUNNELLON FL		TITLE	V	<input type="checkbox"/> Delete	NAME	NEAL, SHANNON		STREET ADDRESS	5388 S. U.S. HWY 41		CITY-ST-ZIP	DUNNELLON FL 34432		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 <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Add       </div> <div style="text-align: right; font-size: 1.2em;">         000000422295          02/17/06-80008-014 150.00       </div> <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Add       </div> <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Add       </div> <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Add       </div> <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Add       </div>		
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or on an attachment with an address, with all other like empowered.

(Signature) *Jeanne Neal*    *Jeanne Neal* sec/tres    2-2-06    352 489-9664