

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H24179

Entity Name: LOMBARDO'S, INC.

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5388 S US HWY 41  
DUNNELLON, FL 34432 US

**New Principal Place of Business:**

**Current Mailing Address:**

5388 S US HWY 41  
DUNNELLON, FL 34432 US

**New Mailing Address:**

FEI Number: 59-2484060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEAL, JEANNE  
5388 S US HWY 41  
DUNNELLON, FL 34432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEAL, TIMMIE R  
Address: 5388 S US HWY 41  
City-St-Zip: DUNNELLON, FL 34432

Title: STD  
Name: NEAL, JEANNE  
Address: 5388 S US HWY 41  
City-St-Zip: DUNNELLON, FL

Title: V  
Name: NEAL, SHANNON  
Address: 5388 S. U.S. HWY 41  
City-St-Zip: DUNNELLON, FL 34432

I hereby 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 all other like empowered.

SIGNATURE: JEANNE NEAL

STD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date