2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084949

1. Entity Name
LOMBARDO COMFORT & CASUAL SHOES, INC.

Principal Place of Business	Mailing Address
8530 SW HWY 200	8530 SW HWY 200
OCALA, FL 34481	OCALA, FL 34481

DO NOT WRITE IN THIS SPACE

03162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3760082	Not Applicable

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

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6. Name and Address of Current Registered Agent

BULLARD, J. WARREN
18 NW THIRD AVE
OCALA, FL 34475

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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
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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	00000279689 03/29/05-80004-024 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	FRISS, ELSA J	
STREET ADDRESS	4520 SW 155TH PLACE ROAD	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	D	
NAME	LOMBARDO, GIUSEPPE P	
STREET ADDRESS	PO BOX 11238	
CITY-ST-ZIP	OCALA, FL 344781238	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _Elsa J Friss V. Pres_   3/26/05   (352)84-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #