2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125245

FILED Jan 06, 2006 Secretary of State

Entity Name: MIKE LOMBARD & SON, INC. **Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 1021 POLK CITY, FL 33868 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1021 POLK CITY, FL 33868 FEI Number: 20-0373003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOMBARD, MICHAEL G LOMBARD, MICHAEL G GREENWAY CIRCLE 5705 GREENWAY CIRCLE LAKELAND, FL 33805 US LAKELAND, FL 33805 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: MICHAEL G LOMBARD 01/06/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LOMBARD, MICHAEL G Name: Name: 5705 GREENWAY CIRCLE Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LOMBARD, MARK E Name: 5705 GREENWAY CIRCLE Address: Address: LAKELAND, FL 33805 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL G LOMBARD 01/06/2006 D