

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009420

FILED
Mar 01, 2005
Secretary of State

Entity Name: LOMBARDO INSTALLATION OF JAX, INC.

Current Principal Place of Business:

109 REEDING RIDGE DR. E.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

2957 NAPA VALLEY CT.
JACKSONVILLE, FL 32221 US

Current Mailing Address:

109 REEDING RIDGE DR. E.
JACKSONVILLE, FL 32225 US

New Mailing Address:

2957 NAPA VALLEY CT.
JACKSONVILLE, FL 32221 US

FEI Number: 20-2594057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, ANGELO M
109 REEDING RIDGE DR. E.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

LOMBARDO, ANGELO M
2957 NAPA VALLEY CT.
JACKSONVILLE, FL 32221 US

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: ANGELO LOMBARDO

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOMBARDO, ANGELO M
Address: 109 REEDING RIDGE DR. E.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S () Delete
Name: LOMBARDO, KRISTENE R
Address: 109 REEDING RIDGE DR. E.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Delete
Name: MCMULLEN, JAMES
Address: 109 REEDING RIDGE DR. E.
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOMBARDO, ANGELO M
Address: 2957 NAPA VALLEY CT.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: S (X) Change () Addition
Name: LOMBARDO, KRISTENE R
Address: 2957 NAPA VALLEY CT.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP (X) Change () Addition
Name: RYAN, TIM
Address: 2957 NAPA VALLEY CT.
City-St-Zip: JACKSONVILLE, FL 32221 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELO LOMBARDO

P

03/01/2005

Electronic Signature of Signing Officer or Director

Date