

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90035 033 ***150.00

DOCUMENT # P93000014081					
1. Entity Name J & M SHOE REPAIR, INC.					
Principal Place of Business 1140 E MAIN STREET DUNEDIN, FL 34698			Mailing Address 1140 E MAIN STREET DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # 1107 Main Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dunedin FL		City & State		4. FEI Number 59-3178802	
Zip 34698		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOMBARDO, JOSEPH E 1140 E MAIN STREET DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Joseph E Lombardo Street Address (P.O. Box Number is Not Acceptable) 7720 Hiawatha Street City Tampa FL Zip Code 33615		
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 re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete LOMBARDO, JOSEPH E 1140 E MAIN STREET DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition Joseph E Lombardo 7720 Hiawatha St., Tampa, FL 33615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete LOMBARDO, DEBRA F 1140 E MAIN STREET DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition Debra F Lombardo 7720 Hiawatha St., Tampa, FL 33615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joseph E Lombardo</i>			4/9/07 727 733 1592		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		