2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000014081

1. Entity Name
J & M SHOE REPAIR, INC.

Principal Place of Business	Mailing Address
1107 MAIN STREET DUNEDIN, FL 34698	//07 ~~1140 E~~ MAIN STREET DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3178802	Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, JOSEPH E
7720 HIAWATHA STREET
TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

000000826809
02/21/08-80064-021   150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOMBARDO, JOSEPH E
STREET ADDRESS	7720 HIAWATHA ST
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	ST
NAME	LOMBARDO, DEBRA F
STREET ADDRESS	7720 HIAWATHA ST
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	
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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: _Joseph E. Lombardo_   2-11-08   727 733 1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #