

2009 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P93000014081

1. Entity Name

J & M Shoe Repair Inc



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR -1 AM 11:48

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1107 Main Street

3. Mailing Address  
1107 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Dunedin FL

City & State  
Dunedin FL

4. FEI Number  
59-3178802

Applied For  
Not Applicable

Zip Country  
34698 USA

Zip Country  
34698 USA

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

CR2E034B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Joseph E Lombardo  
7720 Hiawatha St Tampa FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700148551527  
04/03/09--01022--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Debra F Lombardo  
7720 Hiawatha St Tampa FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph E Lombardo*

Joseph E Lombardo

3-30-09 7277331592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #