

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094403

**Entity Name:** DOMAIN INSURANCE MANAGEMENT, INC.

**Current Principal Place of Business:**

1110 PINE RIDGE ROAD  
UNIT 205  
NAPLES, FL 34108

**Current Mailing Address:**

1110 PINE RIDGE ROAD  
UNIT 205  
NAPLES, FL 34108 US

**FEI Number:** 26-0769223

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOMAIN, NICHOLAS J  
1110 PINE RIDGE ROAD  
UNIT 205  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VSTP  
Name DOMAIN, NICHOLAS J  
Address 1981 IMPERIAL GOLF COURSE BLVD  
City-State-Zip: NAPLES FL 34110

I hereby 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 all other like empowered.

**SIGNATURE:** DOMAIN, NICHOLAS J

**PRES**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date