

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094403

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

**Current Principal Place of Business:**

13020 LIVINGSTON ROAD #16  
NAPLES, FL 34105

**Current Mailing Address:**

13020 LIVINGSTON ROAD #16  
NAPLES, FL 34105 US

**FEI Number: 26-0769223**

**Certificate of Status Desired: No**

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

DOMAIN, NICHOLAS J  
13020 LIVINGSTON ROAD #16  
NAPLES, FL 34105 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 7571 SAN MIGUEL WAY  
City-State-Zip: NAPLES FL 34109

Title VP  
Name ODUM, HOMER  
Address 9241 BAYBERRY BEND, #102  
City-State-Zip: FT. MYERS FL 33908

*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: NICHOLAS DOMAIN**

**P**

**02/19/2013**

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

\_\_\_\_\_  
Date