


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006378 1. Entity Name DOMINION PROPERTY MANAGEMENT, INC.	
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Principal Place of Business 8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234	Mailing Address 8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1830738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, LISA
612 BASS COURT
DUNEDIN, FL 34698**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	CP PROCK, RANDY W 8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SHROUT, TIMMY J 8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROCK, WANDA J 8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234
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**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/07

317-271-8688