

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06897

**FILED**  
**Feb 23, 2005**  
**Secretary of State**

**Entity Name:** DOMINION HOME SYSTEMS-DIRECT, INC.

**Current Principal Place of Business:**

3050 N. HORSESHOE DR.  
SUITE 290  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

3050 N. HORSESHOE DR.  
SUITE 290  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 65-0173717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, ROBERT W  
3050 N. HORSESHOE DR., SUITE 290  
NAPLES, FL 34104 US

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

JOHNSON, ROB  
3050 N. HORSESHOE DR., SUITE 290  
NAPLES, FL 34104 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: ROB JOHNSON

02/23/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: JOHNSON, ROBERT W,  
Address: 233 9TH AVE S  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: JOHNSON, ROBERT W JR  
Address: 1510 LOGAN COURT  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition  
Name: JOHNSON, ROB  
Address: 3050 HORSESHOE DRIVE NO. STE 290  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: JOHNSON, KATHLEEN  
Address: 3050 HORSESHOE DRIVE NO. STE 290  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROB JOHNSON

PCEO

02/23/2005

Electronic Signature of Signing Officer or Director

Date