

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90055 015 \*\*\*155.00

<b>DOCUMENT # F58105</b> 1. Entity Name <b>DOMINIQUE INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>2309 LITTLE COUNTRY RD PARRISH, FL 34219</b>				Mailing Address <b>2309 LITTLE COUNTRY RD PARRISH, FL 34219</b>	
2. Principal Place of Business <b>6704 SCHOONER BAY CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6704 SCHOONER BAY CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>59-2153602</b>	
Zip <b>34231-8856</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOMINIQUE, EUGENE 2309 LITTLE COUNTRY RD PARRISH, FL 34219</b>				7. Name and Address of New Registered Agent Name <b>EUGENE DOMINIQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6704 SCHOONER BAY CIRCLE</b> City <b>SARASOTA</b>	
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 <b>EUGENE DOMINIQUE, PRESIDENT Eugene Dominique</b> <span style="float: right;">1/12/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOMINIQUE, PATRICIA</b> <b>2309 LITTLE COUNTRY RD</b> <b>PARRISH, FL 34219</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DOMINIQUE, EUGENE E</b> <b>2309 LITTLE COUNTRY RD</b> <b>PARRISH, FL 34219</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>EUGENE E. DOMINIQUE</b> <b>6704 SCHOONER BAY CIRCLE</b> <b>SARASOTA, FL 34231-8856</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Eugene Dominique</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/12/05</b> <small>Date</small>		<b>941-927-6273</b> <small>Daytime Phone #</small>