

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 031 ***150.00

DOCUMENT # F98000005193

1. Entity Name
FIRST DOMINION TECHNOLOGY, INC.



Principal Place of Business
**712 SOUTH OREGON AVENUE
SUITE 200
TAMPA, FL 33606**

Mailing Address
**712 SOUTH OREGON AVENUE
SUITE 200
TAMPA, FL 33606**



2. Principal Place of Business
1414 W. SWANN AVE

3. Mailing Address
1414 W. SWANN AVE.

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33606

Country
USA

Zip
33606

Country
USA

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3530298

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRUSEN, W. A JR
712 S OREGON AVE.
SUITE 200
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
KRUSEN, W.A. JR.
Street Address (P.O. Box Number is Not Acceptable)
**1414 W SWANN AVE
SUITE 100
City TAMPA FL Zip Code 33606**

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

W.A. Krusen, Jr.

W.A. KRUSEN, JR.

4/23/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
CCEO ☐ Delete
NAME
BIDDINGER, CLAY M
STREET ADDRESS
101 PHILIPPE PARKWAY, SUITE 300
CITY-ST-ZIP
SAFETY HARBOR, FL 34695

TITLE
PT ☐ Delete
NAME
KRUSEN, W A JR
STREET ADDRESS
712 SOUTH OREGON AVENUE, SUITE 200
CITY-ST-ZIP
TAMPA, FL 33606

TITLE
S ☐ Delete
NAME
THOMPSON, W M JR
STREET ADDRESS
250 WEST MAIN STREET, STE 300
CITY-ST-ZIP
CHARLOTTESVILLE, VA 22902

TITLE
AS ☐ Delete
NAME
JONES, DOUGLAS N
STREET ADDRESS
712 S OREGON AVE STE 200
CITY-ST-ZIP
TAMPA, FL 33606

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
CCEO ☒ Change ☐ Addition
NAME
BIDDINGER, CLAY M.
STREET ADDRESS
311 N BAYSHORE DRIVE
CITY-ST-ZIP
SAFETY HARBOR, FL 34695

TITLE
PT ☒ Change ☐ Addition
NAME
KRUSEN, W.A. JR
STREET ADDRESS
1414 W SWANN AVE SUITE 100
CITY-ST-ZIP
TAMPA FL 33606

TITLE
S ☒ Change ☐ Addition
NAME
THOMPSON, W M JR
STREET ADDRESS
105 W HIGH STREET
CITY-ST-ZIP
CHARLOTTESVILLE, VA 22902

TITLE
AS ☒ Change ☐ Addition
NAME
JONES, DOUGLAS N
STREET ADDRESS
1414 W SWANN AVE SUITE 100
CITY-ST-ZIP
TAMPA, FL 33606

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

W.A. Krusen, Jr.

W.A. KRUSEN JR.

4/23/06

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

Daytime Phone #