## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2004 8:00 am Secretary of State DOCUMENT # N02000007094 1. Entity Name 05-03-2004 91059 026 \*\*\*\*61.25 THE DOME INDUSTRIAL DISTRICT BUSINESS OWNERS ASSOCIATION, INC. Principal Place of Business . Mailing Address **34000000** 2167 5TH AVE. NORTH. 2167 5TH AVE. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 3060 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 30-0112387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRISTENSEN, VERONICA Street Address (P.O. Box Number is Not Acceptable) 3060 5TH AVE S SAINT PETERSBURG FL 33712 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change Addition ☐ Delete DENNE, PÉTÉR 👍 NAME NAME 525 22ND ST S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition KRISTENSEN, VERONICA NAME NAME 3060 5TH AVE S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-Z/P TITLE Delete TITLE ☐ Change ☐ Addition GRAHAM, ELLIOTT NAME NAME 2406 TERMINAL DR S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE □ Delete TITLE SAMUELS, JANA NAME NAME 2519 6TH AVE S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this received an attachment with an address, with an other like empowered.

\*\*RECONICA KRISTENSEN\*\*

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**