

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007094

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** THE DOME INDUSTRIAL DISTRICT BUSINESS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

525 22ND ST. S.  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

3060 5TH AVENUE SOUTH  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

3060 S AV SOUTH  
ST PETERSBURG, FL 33712

**New Mailing Address:**

3060 5TH AV SOUTH  
ST PETERSBURG, FL 33712

**FEI Number:** 30-0112387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRISTENSEN, VERONICA  
3060 5TH AVE S  
SAINT PETERSBURG, FL 33712 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DENNE, PETER  
Address: 525 22ND ST S  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: ST ( ) Delete  
Name: KRISTENSEN, VERONICA  
Address: 3060 5TH AVE S  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T ( ) Delete  
Name: GRAHAM, ELLIOTT  
Address: 2406 TERMINAL DR S  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T ( ) Delete  
Name: SAMUELS, JANA  
Address: 2519 6TH AVE S  
City-St-Zip: SAINT PETERSBURG, FL 33712

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA KRISTENSEN

S.T.

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date