

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110314

Entity Name: DOMINICK GP, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

29 GOMEZ RD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

C/O CHAPIN, BALLERANO & CHESLACK
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-1059234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESLACK, BRIAN G
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DOMINICK, MICHAEL P
Address: 2265 BLUEBELL AVENUE
City-St-Zip: BOULDER, CO 80302

Title: DS () Delete
Name: NOVACK, LYNNE D
Address: 3316 MIRO PLACE
City-St-Zip: DALLAS, TX 75204

Title: VP () Delete
Name: DOMINICK, ALEXANDER S
Address: 5672 EAST BEVERLY LANE
City-St-Zip: SCOTTSDALE, AZ 85254

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. DOMINICK

DPT

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date