

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 042 ***150.00

DOCUMENT # P02000029246

1. Entity Name

DOMINATOR, INC.



Principal Place of Business

911 ALASKA AVE.
LEHIGH ACRES FL 33971

Mailing Address

911 ALASKA AVE.
LEHIGH ACRES FL 33971

2. Principal Place of Business

15670 OLD OLGA RD

Suite, Apt. #, etc.

3. Mailing Address

15670 OLD OLGA RD

Suite, Apt. #, etc.

City & State

ALVA, FL

City & State

ALVA, FL

Zip
33920

Country

LEE

Zip
33920

Country

LEE

4. FEI Number

75-3030225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE— CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BRUNO, MARK
911 ALASKA AVE.
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BRUNO, MARK
STREET ADDRESS 911 ALASKA AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE VD ☐ Delete
NAME MOTE, THOMAS D
STREET ADDRESS 1240 DEL PINE DR.
CITY-ST-ZIP N. FORT MYERS FL 33903

TITLE SD ☐ Delete
NAME BRUNO, CHERYL
STREET ADDRESS 911 ALASKA AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE TD ☐ Delete
NAME BRUNO, MARK
STREET ADDRESS 911 ALASKA AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark Bruno* Mark Bruno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06 239-332-2733

Date

Daytime Phone #