

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000018956

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** RENEE H. DORMINEY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
14A&B  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

3830 CROWN POINT RD  
B  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4841 REED AVE.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 37-1458361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DORMINEY, RENEE H  
4841 REED AVE.  
JACKSONVILLE, FL 32257      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:** PSTD  
**Name:** RENEE, DORMINEY  
**Address:** 4841 REED AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

**SIGNATURE:** RENEE DORMINEY

PRES

02/01/2010

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

\_\_\_\_\_  
Date