## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000111272

Entity Name: DONALD DOMOGAWA, INC.

NEW PORT RICHEY, FL 34655

City-St-Zip:

FILED Feb 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7443 COMO DR. 7443 COMO DR NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 US **Current Mailing Address: New Mailing Address:** 5408 ST JAMES DR 7443 COMO DR NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34652 US FEI Number: 16-1685496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMOGAWA, DONALD 7443 COMO DR NEW PORT RICHEY, FL 34655 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DOMOGAWA, DONALD Name: Name: 7443 COMO DR. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: (X) Delete Title: VPSD Title: () Change () Addition Name: DOMOGAWA, BARBARA Name: 7443 COMO DR. Address: 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: DONALD DOMOGAWA PTD 02/04/2009