2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126076

Entity Name: DOMINELLO CONTRACTING, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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9101 S.W. HOPWOOD AVE. 3048 RUSS RD.

INDIANTOWN, FL 34956 MARIANNA, FL 32446

Current Mailing Address: New Mailing Address:

9101 S.W. HOPWOOD AVE. 3048 RUSS RD.

INDIANTOWN, FL 34956 MARIANNA, FL 32446

FEI Number: 56-2417543 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:

DOMINELLO, JOSEPH E
9101 S.W. HOPWOOD AVE.

DOMINELLO, JOSEPH E
3048 RUSS RD.

INDIANTOWN, FL 34956 US MARIANNA, FL 32446 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: 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 DOMINELLO, JOSEPH E
 Name:
 DOMINELLO, JOSEPH E

 Address:
 9101 S.W. HOPWOOD AVE.
 Address:
 3048 RUSS RD

City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: MARIANNA, FL 32446

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BENTLEY, DWAYNE D
 Name:
 BENTLEY, DWAYNE D

 Address:
 9101 S.W. HOPWOOD AVE.
 Address:
 3048 RUSS RD

 City-St-Zip:
 INDIANTOWN, FL 34956
 City-St-Zip:
 MARIANNA, FL 32446

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LAZZARO, TIMOTHY J
 Name:
 HENNIGAN, CHARLES

 Address:
 3048 RUSS ROAD
 Address:
 3048 RUSS ROAD

 City-St-Zip:
 MARIANNA, FL 32448
 City-St-Zip:
 MARIANNA, FL 32446

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: JOSEPH E DOMINELLO DPT 04/22/2009