

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90054 030 \*\*\*150.00

<b>DOCUMENT # P07000001880</b>	
1. Entity Name <b>DOMA &amp; ASSOCIATES, INC.</b>	



400000



01302008 Chg-P CR2E034 (12/06)

Principal Place of Business <b>6680 FRIENDSHIP LANE NAPLES, FL 34120 US</b>	Mailing Address <b>6680 FRIENDSHIP LANE NAPLES, FL 34120 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>20-8171342</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RUBY, RICHARD D</b> <b>6680 FRIENDSHIP LANE</b> <b>NAPLES, FL 34120</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY, MARGARET M</b>		NAME	
STREET ADDRESS <b>6680 FRIENDSHIP LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34120</b>		CITY-ST-ZIP	
TITLE <b>VP D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY, RICK</b>		NAME	
STREET ADDRESS <b>6650 FRIENDSHIP LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34120</b>		CITY-ST-ZIP	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY, RICHARD D</b>		NAME	
STREET ADDRESS <b>6680 FRIENDSHIP LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34120</b>		CITY-ST-ZIP	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUTERBAUGH, REGINA R</b>		NAME	
STREET ADDRESS <b>1837 SANTA FE AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DEL MAR, CA 92014</b>		CITY-ST-ZIP	
TITLE <b>VP D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY, BRANDON</b>		NAME	
STREET ADDRESS <b>1828 LA FORGE RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALPINE, CA 91901</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY, MARK</b>		NAME	
STREET ADDRESS <b>6680 FRIENDSHIP LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34120</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard D. Ruby **Richard D. Ruby** **2-1-08** **760-419-7733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #