

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001880

Entity Name: DOMA & ASSOCIATES, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6680 FRIENDSHIP LANE
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

6680 FRIENDSHIP LANE
NAPLES, FL 34120 US

New Mailing Address:

2338 IMMOKALEE RD
SUITE 227
NAPLES, FL 34110 US

FEI Number: 20-8171342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, RICHARD D
6680 FRIENDSHIP LANE
NAPLES, FL 34120 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: P () Delete
Name: RUBY, MARGARET M
Address: 6680 FRIENDSHIP LANE
City-St-Zip: NAPLES, FL 34120 US

Title: VP D () Delete
Name: RUBY, RICK
Address: 6650 FRIENDSHIP LANE
City-St-Zip: NAPLES, FL 34120 US

Title: CFO () Delete
Name: RUBY, RICHARD D
Address: 6680 FRIENDSHIP LANE
City-St-Zip: NAPLES, FL 34120 US

Title: SEC () Delete
Name: PUTERBAUGH, REGINA R
Address: 1837 SANTA FE AVE.
City-St-Zip: DEL MAR, CA 92014

Title: VP D () Delete
Name: RUBY, BRANDON
Address: 1828 LA FORGE RD
City-St-Zip: ALPINE, CA 91901

Title: D () Delete
Name: RUBY, MARK
Address: 6680 FRIENDSHIP LANE
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: RICHARD D. RUBY

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

Date