

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P26239
 1. Entity Name
 DOMINION FINANCIAL GROUP, INC.



Principal Place of Business 712 S. OREGON AVE 200 TAMPA, FL 33606 US	Mailing Address 712 S. OREGON AVE 200 TAMPA, FL 33606 US
---	---



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0062372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DOUGLAS N
 712 S. OREGON AVE
 SUITE 200
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRUSEN, W.A., JR. 1301 TRAVIS STREET SUITE 1210 HOUSTON, TX 77002
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS JONES, DOUGLAS N 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUSEN, WILLIAM III 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U000000360620
 05/05/05-80041-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W.A. Krusen, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-837-3009
 Date Daytime Phone #