


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90020 037 ***158.75

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P26239 1. Entity Name DOMINION FINANCIAL GROUP, INC. | | | |  | |
| Principal Place of Business 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 US | | | Mailing Address 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 US | | |
| 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 | | |
| 6. Name and Address of Current Registered Agent JONES, DOUGLAS N 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KRUSEN, W.A., JR. <input type="checkbox"/> Delete 5300 W SAM HOUSTON PKWY N., SUITE 102 HOUSTON, TX 77041 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N SHORELINE BLVD, SUITE 2050 SOUTH TOWER CORPUS CHRISTI TX 78401 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAS JONES, DOUGLAS N <input type="checkbox"/> Delete 1414 W SWANN AVE., SUITE 100 TAMPA, FL 33606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRUSEN, WILLIAM III <input type="checkbox"/> Delete 1414 W SWANN AVE., SUITE 100 TAMPA, FL 33606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ISABELLE KRUSEN 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Russell B. Newton III 200 W Forsyth, Ste 1600 Jacksonville, FL 32202 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D A. Gordon Stollery Suite 4000, 150 6th Ave. S.W. Calgary, AB Canada T2P 3Y7 | |
| 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: <u><i>Douglas N. Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4-3-07</u> 813-837-3009 <small>Date</small> <small>Debiting Phone #</small> | | |