

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089963

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: DOMINICA RECREATION PRODUCTS, INC.

## Current Principal Place of Business:

175 WEST PINE AVE.  
LONGWOOD, FL 32750

## New Principal Place of Business:

632 FLORIDA CENTRAL PARKWAY  
LONGWOOD, FL 32750

## Current Mailing Address:

PO BOX 520700  
LONGWOOD, FL 327520700 US

## New Mailing Address:

FEI Number: 59-3282123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINICA, RICHARD J  
175 WEST PINE AVE.  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

DOMINICA, RICHARD J  
632 FLORIDA CENTRAL PARKWAY  
LONGWOOD, FL 32750 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: \_\_\_\_\_

01/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DOMINICA, RICHARD J  
Address: PO BOX 520700  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: DOMINICA, ANN  
Address: PO BOX 520700  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: DOMINICA, ROBERT J  
Address: P.O. BOX 520700  
City-St-Zip: LONGWOOD, FL

## 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:

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: ROBERT J DOMINICA

D

01/20/2008

Electronic Signature of Signing Officer or Director

Date