

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000045899

1. Entity Name
DOMINION SPECIALTY GROUP, INC.



Principal Place of Business
1040 WOODCOCK RD
100
ORLANDO, FL 32803

Mailing Address
4951 LAKE BROOK DRIVE
SUITE 500
GLEN ALLEN, VA 23060

FILED

04 MAY -3 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3382167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SMITH, WALTER L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	V
NAME	ROGAL, ANDREW L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	DV
NAME	KORMAN, TIMOTHY J
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	P
NAME	DANNENHAUER, DANIEL G
STREET ADDRESS	5405 CYPRESS CENTER DR STE 330
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	T
NAME	JONES, CAROLYN
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	DV
NAME	VAUGHAN, MARTIN L III
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060

800035361688

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/09

Date

804 747-3125

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizuto

ORDER DATE : April 30, 2004

ORDER TIME : 12:01 PM

ORDER NO. : 603957-080

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

RECEIVED
04 MAY -3 PM 3:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: DOMINION SPECIALTY GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____

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