


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000014253		
1. Entity Name DOMUS II, INC.		
Principal Place of Business 8155 OMAHA CR. SPRING HILL FL 34606		Mailing Address 8155 OMAHA CR. SPRING HILL FL 34606



2. Principal Place of Business - No P.O. Box # 8155 OMAHA CR.		3. Mailing Address 8155 OMAHA CR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL FLA		City & State SPRING HILL FLA	
Zip 34606	Country PASCO	Zip 34606	Country PASCO

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3434677		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEFRANK, ROSE 8155 OMAHA CR. SPRING HILL FL 34606		
7. Name and Address of New Registered Agent		
Name		
Street Address (P O. Box Number is Not Acceptable)		
City FL Zip Code		

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's signature required when removing)
Signature, typed or printed name of registered agent and title, if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PST ROTE, CYRIEL G OP T HOF 68 SCHERPENHEUVCL BE 3270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000939806 05/28/08-80043-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #