

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101066

Entity Name: COMP PAY, INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1333 MONTEREY BLVD NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15489  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 27-4269069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWE, RALPH E  
1333 MONTEREY BLVD NE  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOWE, RALPH E  
Address: 1333 MONTEREY BLVD NE  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby 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 all other like empowered.

SIGNATURE: RALPH HOWE

D

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date