

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21630

Entity Name: COMPSYS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4255 DOW ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4255 DOW ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3115690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIT, SCOTT
4255 DOW ROAD
MELBOURNE, FL 32934 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIT, SCOTT M
Address: 1975 RIVERSHORE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: PETERSON, CLIFFORD A
Address: 295 SEACREST AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MANLEY, T. ROGER
Address: 8535 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: CD () Delete
Name: REICHARD, RONNAL P
Address: 788 ACACIA AVE
City-St-Zip: MELBOURNE VILLAGE, FL 32902

Title: D () Delete
Name: JOHNSON, KEITH G
Address: 2835 HIGHWAY A1A NORTH, #704
City-St-Zip: INDIALANTIC, FL 32903

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BARTCZAK, KEVIN J
Address: 1505 N HWY A1A #203
City-St-Zip: INDIALANTIC, FL 32903

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: SCOTT LEWIT

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date