

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V21630

**Entity Name:** COMPSYS, INC.

**Current Principal Place of Business:**

4255 DOW ROAD  
MELBOURNE, FL 32934

**Current Mailing Address:**

4255 DOW ROAD  
MELBOURNE, FL 32934

**FEI Number:** 59-3115690

**Certificate of Status Desired:** No

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

LEWIT, SCOTT  
4255 DOW ROAD  
MELBOURNE, FL 32934 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name LEWIT, SCOTT M  
Address 1975 RIVERSHORE DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title D  
Name TAIBL, RON  
Address 4934 PINOT STREET  
City-State-Zip: VIERA FL 32955

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

Title CD  
Name REICHARD, RONNAL P  
Address 788 ACACIA AVE  
City-State-Zip: MELBOURNE VILLAGE FL 32902

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

Title T,D  
Name BARTCZAK, KEVIN J  
Address 1505 N HWY A1A #203  
City-State-Zip: INDIALANTIC FL 32903

Title SECRETARY  
Name BAKER, PATRICIA  
Address 4255 DOW ROAD  
City-State-Zip: MELBOURNE FL 32934

*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:** PATRICIA BAKER

**SECRETARY**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date