

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 014 ***150.00

DOCUMENT # 247061

1. Entity Name
COMPASS FINANCIAL GROUP, INC.



Principal Place of Business
**3050 N. FEDERAL HWY., SUITE 208
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**3050 N. FEDERAL HWY., SUITE 208
LIGHTHOUSE POINT, FL 33064**

44047413



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0939528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEIN, JAY L.
3050 N. FEDERAL HWY., #208
LIGHTHOUSE, FL 33064**

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHEIN, JAY L.
STREET ADDRESS 3050 N. FEDERAL HWY.#208
CITY-ST-ZIP LIGHTHOUSE POINT, FL

TITLE VTDS ☒ Delete
NAME SHEIN, VAL M.
STREET ADDRESS 3050 N. FEDERAL HWY.#208
CITY-ST-ZIP LIGHTHOUSE POINT, FL

TITLE VD ☐ Delete
NAME SHEIN, BLAIR C
STREET ADDRESS 3050 N. FEDERAL HWY.#208
CITY-ST-ZIP LIGHTHOUSE POINT, FL

TITLE TSD ☐ Delete
NAME SHEIN, VAL M
STREET ADDRESS 3050 N. FEDERAL HWY.#208
CITY-ST-ZIP LIGHTHOUSE POINT, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jay L. Shein* **JAY L. SHEIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-04

Date

954-946-8501

Daytime Phone #