


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90203 006 \*\*\*150.00

<b>DOCUMENT # F04000003406</b> 1. Entity Name COMPASS INSURANCE AGENCY, INC.					
Principal Place of Business 7550 IH-10 WEST, SUITE 700 SAN ANTONIO, TX 78229			Mailing Address 7550 IH-10 WEST, SUITE 700 SAN ANTONIO, TX 78229		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10566 - Act Div. Suite, Apt. #, etc. Mail Code: AL/OI/CI/ACT City & State Birmingham, AL Zip 35296			
City & State		City & State		4. FEI Number 74-1751055	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, LEONARD P JR. 24 GREENWAY PLAZA HOUSTON, TX 77046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, GREGORY A 7550 IH-10 WEST, SUITE 700 SAN ANTONIO, TX 78229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, JOSEPH B 15 S. 20TH ST., SUITE 1800 BIRMINGHAM, AL 35233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>PRESSLEY</del> , KIRK P 15 S. 20TH ST., SUITE 1800 BIRMINGHAM, AL 35233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Pressley, Kirk P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTWOOD, GEORGE M 24 GREENWAY PLAZA HOUSTON, TX 77046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGEL, GARRETT R 15 S. 20TH ST., SUITE 1800 BIRMINGHAM, AL 35233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Kirk Pressley</u> <u>5/19/05</u> <u>(205) 297-5724</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50052695**



05042005 Chg-P CR2E034 (10/03)