

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09755

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: COMPASS CONSTRUCTION, INC.

## Current Principal Place of Business:

824 LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

## Current Mailing Address:

824 LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

## New Mailing Address:

FEI Number: 59-2423658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVER LAWRENCE J.  
824 LAFAYETTE ST.  
CAPE CORAL, FL 33904 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: DST ( ) Delete  
Name: OLSEN, PETER,  
Address: 824 LAFAYETTE ST  
City-St-Zip: CAPE CORAL, FL

Title: DP ( ) Delete  
Name: OLIVER, LAWRENCE J.,  
Address: 824 LAFAYETTE ST  
City-St-Zip: CAPE CORAL, FL

Title: V ( ) Delete  
Name: LUFT, DANIEL F,  
Address: 824 LAFAYETTE ST  
City-St-Zip: CAPE CORAL, FL

Title: V ( ) Delete  
Name: NEIDIGH, BRADLEY  
Address: 824 LAFAYETTE STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: V ( ) Delete  
Name: BURLEIGH, TERI  
Address: 824 LAFAYETTE STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

## 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:

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: PETER OLSEN

DST

01/04/2008

Electronic Signature of Signing Officer or Director

Date