


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90001 040 \*\*\*150.00

<b>DOCUMENT # L56065</b>	
1. Entity Name <b>COMPASSION, INC.</b>	

Principal Place of Business <b>2282 SE 27 DRIVE HOMESTEAD FL 33035 US</b>	Mailing Address <b>2282 SE 27 DRIVE HOMESTEAD FL 33035 US</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>3029 PLACID VIEW DRIVE</b>	3. Mailing Address <b>3029 PLACID VIEW DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE PLACID, FL.</b>	City & State <b>LAKE PLACID, FL.</b>
Zip <b>33852</b>	Zip <b>33852</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>59-2996043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GISSENDANNER, ELTON 2282 SE 27 DRIVE HOMESTEAD FL 33035</b>
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7. Name and Address of New Registered Agent Name <b>ELTON GISSENDANNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3029 PLACID VIEW DRIVE</b> City <b>LAKE PLACID</b> FL Zip Code <b>33852</b>
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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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GISSENDANNER, ELTON J 2282 SE 27 DRIVE HOMESTEAD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GISSENDANNER, ELTON J. 3029 PLACID VIEW DRIVE LAKE PLACID, FL-33852 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Elton J. Gissendanner ELTON GISSENDANNER 2/11/04 863-414-0294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #