

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M37547			
1. Entity Name COMPRO CORPORATION			
Principal Place of Business 620 5TH ST N STE A ST PETERSBURG, FL 33701 US		Mailing Address 1105 CAPE CORAL PKWY E SUITE C CAPE CORAL, FL 33904 US	
DO NOT WRITE IN THIS SPACE			
		04202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2954397	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN ESQ 1105 CAPE CORAL PARKWAY E SUITE C CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE	
11. 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 filing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000136913 04/28/04 00102-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV COMBERG, HARTMUT 620 5TH ST N ST. PETERSBURG, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COMBERG, INGRID 620 N 5TH ST ST. PETERSBURG, FL		
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: <i>M. Comberg</i> H. COMBERG		Date: April 21, 04 (727)821-2192	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			