## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 08:00 AM Secretary of State

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DOCUMENT # P01000122162  1. Entity Name COMPASS FIBER TELECOM, INC.			Secretary of State			
Principal Plac	ce of Business	Mailing Address	·	1		
278 OSPREY	Y LOOP	278 OSPREY LOOP				
ALFORD, FL	32420	ALFORD, FL 32420				
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r	O NOT WRITE	^⊏	03092005	No Chg-P CR	12E034 (10/03)	
DO NOT WRITE IN THIS SPAC			UE	4. FEI Numb 01-055		Applied For
						Not Applicable \$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent				
COLLINS,	DIANNE RUTH		DΩ	NOT WOL	TE	
278 OSPŘEY LOOP			DO NOT WRITE			
ALFORD, FL 32420			IN THIS SPACE			
8 The should	a named entity submits this statement for t	he number of changing its registers	ed office or registe	red agent or bo	the in the State of Florida	am familiar with and accept
	tions of registered agent.	us barbose or custiguid as redister	ed diffe of registe	iet affent or pe	en, et ale sieue de l'ionge, i	att attilia with and accept
SIGNATURE.				2 2 2 2		***
	Signature, typed or printed name of registered agent and	f (tile if applicable. (NOTE, Registere	d Agent signature required	when reinstating)	, a	ATE
		9. Election Campaign Finar	ncina <b>¢</b> £	.00 May Be		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			ed to Fees	0000000255 03/11/05-800	073 24-014 150.00
10.	OFFICERS AND D	RECTORS	<u> </u>		03, 13, 50 000	
TITLE	PD					
NAME	BARTON, WILLIAM LEE					
STREET ADDRESS CITY-ST-ZIP	278 OSPREY LOOP		1			-
TITLE	ALFORD, FL 32420	<u> </u>			<del></del>	
NAME	Constitution					
STREET ADDRESS						
CITY-ST-ZIP		<u> </u>				
TITLE						
NAME STREET ADDRESS						
City-ST-ZIP			1	DO	NOT WRI	TE
TITLE			1	INI '	THIS SPAC	`E
NAME				114	INIO SPAC	<b>→</b>
STREET ADDRESS			l l			
City-ST-ZiP	<u> </u>	·	1			
TITLE NAME						
STREET ADDRESS			l			
CITY-ST-ZIP		man man a sangaran sa				
TITLE		<del></del>	1			
NAME			1			
STREET ADDRESS						
CITY-ST-ZIP			1			

12. I hereby certify that the information supplied with this filling 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: \_

William Buton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

(850) 209-5362

Date

Daytime Phone #