

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127310

Entity Name: COMPASS GROUP DEV., INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

961687 GATEWAY BLVD  
SUITE 201M  
AMELIA ISLAND, FL 32034 US

## New Principal Place of Business:

## Current Mailing Address:

961687 GATEWAY BLVD  
SUITE 201M  
AMELIA ISLAND, FL 32034 US

## New Mailing Address:

FEI Number: 04-3724305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLICK, RON V  
86119 SHELTER ISLAND DRIVE  
FERNANDINA BEACH, FL 32034 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: ST ( ) Delete  
Name: SHUSTER, AMY  
Address: 76389 LONG LEAF LOOP  
City-St-Zip: YULEE, FL 32097

Title: PRES ( ) Delete  
Name: FLICK, RON V  
Address: 961687 GATEWAY BLVD  
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: VP ( ) Delete  
Name: FLICK, LISA G  
Address: 961687 GATEWAY BLVD  
City-St-Zip: AMELIA ISLAND, FL 32034 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:

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: AMY SHUSTER

ST

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date