4/30/2004 2:41 PM FROM: Walters _Associate Winston Walters, CPA TC

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90657 046 ***150.00

DOCUMENT # P03000032718

1. Entity Name
COMPASS ECOLOGY, INC.

94080705

Principal Place of Business	Mailing Address
254 ARAPAHO TRAIL KISSIMMEE, FL 34747 US	~~254 ARAPAHO TRAIL~~ ~~KISSIMMEE, FL 34747 US~~ ~~8297 CHAMPIONSGATE BLVD #315~~
2. Principal Place of Business	3. Mailing Address ~~CHAMPIONSGATE, FL 33896~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. 8297 CHAMPIONSGATE BLVD. #315
City & State	City & State CHAMPIONSGATE, FL
Zip / Country	Zip 33896 / Country USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 73-1662018 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, TRAY-CI
254 ARAPAHO TRAIL
KISSIMMEE, FL 34747

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, MICHAEL D 254 ARAPAHO TRAIL KISSIMMEE, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, TRAY-CI 254 ARAPAHO TRAIL KISSIMMEE, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-30-04 4073964109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #