

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077614

FILED
Apr 14, 2004
Secretary of State

Entity Name: COMPASS PRESS & GRAPHICS, INC.

Current Principal Place of Business:

19205 ALICE CIR
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

19205 ALICE CIR
LUTZ, FL 33558

New Mailing Address:

FEI Number: 11-3696534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHILL, KIMBERLY A
19205 ALICE CIR
LUTZ, FL 33558

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: D () Delete
Name: WHITEHILL, KIMBERLY A
Address: 19205 ALICE CIR
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: WHITEHILL, ALAN R
Address: 19205 ALICE CIR
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITEHILL, KIMBERLY A VP
Address: 19205 ALICE CIR
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change () Addition
Name: WHITEHILL, ALAN R P
Address: 19205 ALICE CIR
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY A. WHITEHILL

VP

04/14/2004

Electronic Signature of Signing Officer or Director

Date