

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080296

Entity Name: COMPASS DESIGN, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

18395 MASON SMITH RD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

18395 MASON SMITH RD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-0102167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAM MCKINNEY
10259 NOTTINGHAM FOREST DRIVE
BROOKSVILLE, FL 34601 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: PTD () Delete
Name: GLOVER, GEORGE M
Address: 18395 MASON SMITH RD.
City-St-Zip: BROOKSVILLE, FL 34601

Title: SD () Delete
Name: MATARAZZO, FRANCES
Address: 18395 MASON SMITH RD.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GLOVER, FRANCES
Address: 18395 MASON SMITH RD.
City-St-Zip: BROOKSVILLE, FL 34601

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: FRANCES GLOVER

SD

04/14/2005

Electronic Signature of Signing Officer or Director

Date