

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90021 008 ***150.00

DOCUMENT # P04000018481 1. Entity Name COMPASS TRADERS, INC.					
Principal Place of Business 1471 5 ST SARASOTA, FL 34237			Mailing Address 1471 5 ST SARASOTA, FL 34237		
2. Principal Place of Business 1471 5th ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2459 Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number NONE	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34230		Country SARASOTA		6. Name and Address of Current Registered Agent STAHL, DAVID 1471 5 ST SARASOTA, FL 34237 FED TAX ID NO 38-3696499	
7. Name and Address of New Registered Agent Name DAVID STAHL Street Address (P.O. Box Number is Not Acceptable) 1641 FONTANA ST. City SARASOTA FL Zip Code 34236		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 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D STAHL, DAVID 1471 5 ST SARASOTA, FL 34237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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: DAVID STAHL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/05 (941) 9234455 <small>Date Daytime Phone #</small>		