


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90039 043 \*\*\*150.00

<b>DOCUMENT # P04000029282</b>	
1. Entity Name <b>COMPASS PROPERTIES, INC.</b>	

Principal Place of Business <b>365 COMPASS LAKE DR COMPASS LAKE FL 32420</b>	Mailing Address <b>365 COMPASS LAKE DR COMPASS LAKE FL 32420</b>
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2. Principal Place of Business - No P.O. Box # <b>284 COMPASS LAKE DR</b>	3. Mailing Address <b>284 COMPASS LAKE DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>COMPASS LAKE FL</b>	City & State <b>COMPASS LAKE FL</b>
Zip <b>32420</b>	Zip <b>32420</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>51-0498558</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BONDURANT, FRANK E 4450 LAFAYETTE ST MARIANNA FL 32446</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing). DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERBACHER, DANA C</b> <b>365 COMPASS LAKE DR</b> <b>ALFORD FL 32420</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/S/D</b> <b>ERBACHER, DANA C</b> <b>284 COMPASS LAKE DR</b> <b>COMPASS LAKE, FL 32420</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERBACHER, BONNIE R</b> <b>365 COMPASS LAKE DR</b> <b>ALFORD FL 32420</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>ERBACHER, BONNIE R</b> <b>284 COMPASS LAKE DR</b> <b>COMPASS LAKE, FL 32420</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Dana C. Erbacher **DANA C. ERBACHER** 3-17-2008 850-832-2309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #