

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085369

FILED
Apr 01, 2008
Secretary of State

Entity Name: COMPASS DEVELOPMENT MANAGEMENT, INC.

Current Principal Place of Business:

5230 ST. REGIS PL
ORLANDO, FL 32812

New Principal Place of Business:

1816 S MILLS AVE
ORLANDO, FL 32806

Current Mailing Address:

5230 ST. REGIS PL
ORLANDO, FL 32812

New Mailing Address:

1816 S MILLS AVE
ORLANDO, FL 32806

FEI Number: 84-1650295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WILLIAM F IV
195 WEKIVA SPRINGS ROAD
204
LONGWOOD, FL 32779 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: P () Delete
Name: DAVIS, GARY
Address: 5230 ST. REGIS PL
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: DAVIS, GARY
Address: 5230 ST. REGIS PL
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: DAVIS, GARY
Address: 5230 ST. REGIS PL
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, GARY
Address: 1816 S MILLS AVE
City-St-Zip: ORLANDO, FL 32806

Title: S (X) Change () Addition
Name: DAVIS, GARY
Address: 1816 S MILLS AVE
City-St-Zip: ORLANDO, FL 32806

Title: T (X) Change () Addition
Name: DAVIS, GARY
Address: 1816 S MILLS AVE
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY E DAVIS

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date