

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000085369

**FILED**  
**Dec 19, 2012**  
**Secretary of State**

**Entity Name:** COMPASS DEVELOPMENT MANAGEMENT, INC.

**Current Principal Place of Business:**

5230 ST REGIS PL  
BELLE ISLE, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

5230 ST REGIS PL  
BELLE ISLE, FL 32812

**New Mailing Address:**

**FEI Number:** 84-1650295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAVIS, GARY  
Address: 5230 ST REGIS PL  
City-St-Zip: BELLE ISLE, FL 32812

Title: S  
Name: DAVIS, GARY  
Address: 5230 ST REGIS PL  
City-St-Zip: BELLE ISLE, FL 32812

Title: T  
Name: EMBREE, SUSAN  
Address: 1822 CLOVERLAWN  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: SUSAN EMBREE

T

12/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date