

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163688

Entity Name: COMPRESSOR SAVINGS INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

5750 ROSE TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5750 ROSE TERRACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-2208348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, BARRY L
1936 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 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: D () Delete
Name: SNIEZEK, ANN
Address: 511 S.E. 16TH AVENUE
City-St-Zip: POMPANO BEACH, FL 330607631

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SNIEZEK, ANN
Address: 511 S.E. 16TH AVENUE
City-St-Zip: POMPANO BEACH, FL 330607631

Title: VP () Change (X) Addition
Name: HALEY, BARRY L
Address: 5750 ROSE TERR
City-St-Zip: PLANTATION, FL 33317

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: BARRY L. HALEY

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date