

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 012 ***150.00

DOCUMENT # P06000001069

1. Entity Name
COMPASS CONSTRUCTION OF NORTH FLORIDA, INC.



Principal Place of Business
**602 TALAFLO STREET
TALLAHASSEE, FL 32308**

Mailing Address
**602 TALAFLO STREET
TALLAHASSEE, FL 32308**



2. Principal Place of Business - No P.O. Box #

81 Royster Dr

3. Mailing Address

81 Royster Dr

Suite, Apt. #, etc.

Crawfordville, FL

Suite, Apt. #, etc.

Crawfordville, FL

City & State

City & State

01072007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4050370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Wakulla

Zip

32327

Country

Wakulla

6. Name and Address of Current Registered Agent

**ANDREWS, JEFFREY D
602 TALAFLO STREET
TALLAHASSEE, FL 32308**

New Address →

7. Name and Address of New Registered Agent

Name **Jeffrey D Andrews**

Street Address (P.O. Box Number is Not Acceptable)

81 Royster Dr.

City

Crawfordville

FL

Zip Code

32327

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PO
ANDREWS, JEFFREY D
602 TALAFLO STREET
TALLAHASSEE, FL 32308**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PO
Jeffrey D Andrews
81 Royster Dr. Crawfordville, FL 32327**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #