2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P06000059779

Entity Name: COMPASS UNDERWRITING SERVICES, INC.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD.,SUITE 201
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD.,SUITE 201
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-4770398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, TODD ESQ.
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE, FL 32256 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: MYERS, WILLIAM P
Address: 645 TREEHOUSE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: O'BRIEN, TONI L
Address: 912 QUINCY CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: DEMPSEY, WILLIAM H
Address: 11539 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: CROSS, WILLIAM C
Address: 110 SURREY LANE
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D ( ) Delete
Name: LAVERTY, PATTIE D
Address: 1172 LINWOD LOOP
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MYERS, WILLIAM P
Address: 812 QUEENS HARBOUR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TONI L. O'BRIEN VP 03/20/2009
Electronic Signature of Signing Officer or Director Date