

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000008251

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** COMPASS PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

1 INDEPENDENT DR  
SUITE 117  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

1 INDEPENDENT DR  
SUITE 117  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 26-1801800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIRST COAST SECURITY SERVICES, INC.  
1 INDEPENDENT DR  
SUITE 117  
JACKSONVILLE, FL 32202 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:** COLOGNE, ELMER BLAND  
**Address:** 8960 COUNTY RD 13N.  
**City-St-Zip:** ST AUGUSTINE, FL 32092

**Title:** VP  
**Name:** GINN, REXFORD E  
**Address:** 12035 BACKWIND DR  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** CS  
**Name:** HENDRIX, MICHELLE L  
**Address:** 205 JOSEPH LAKE CT  
**City-St-Zip:** SAINT AUGUSTINE, FL 32095

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:** MICHELLE L HENDRIX

CS

01/27/2011

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

\_\_\_\_\_  
Date