2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# P08000008251

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 HENDRIX CS 02/16/2012

Electronic Signature of Signing Officer or Director — Date