

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110927

Entity Name: THE COMPOUND 67, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

3401 S US HWY 1  
FORT PIERCE, FL 34982 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7453  
PORT SAINT LUCIE, FL 34985 US

## New Mailing Address:

FEI Number: 26-3909699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCARMARDO, TIFFANY L  
1191 SW ALEXANDRIA AVE  
PORT SAINT LUCIE, FL 34953 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ENGLISH, JOHN L JR  
Address: 7111 GULLOTTI PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP ( ) Delete  
Name: SCARMARDO, TIFFANY L  
Address: 1191 SW ALEXANDRIA AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: SEC ( ) Delete  
Name: ENGLISH, JOHN L III  
Address: 992 SE CANDLE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34985 US

Title: TRES ( ) Delete  
Name: LAING, JESSICA L  
Address: 6701 WOODS ISLAND CIR APT# 106  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TIFFANY L SCARMARDO

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date