


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

07-26-2004 90004 025 ***550.00

DOCUMENT # P25780 1. Entity Name COMPSEE INCORPORATED			
Principal Place of Business 400 N. MAIN STREET MT. GILEAD, NC 27306		Mailing Address 2500 PT. MALABAR BLVD. PALM BAY, FL 32905	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1239 Suite, Apt. #, etc.	
City & State		City & State MT. Gilead NC	
Zip	Country	Zip 27306	Country Montgomery
6. Name and Address of Current Registered Agent GRAHAM, WILLIAM L., JR. 2500 PORT MALABAR BLVD., NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name D. Gary McRae Street Address (R.O. Box Number is Not Acceptable) P.O. Box 1239 City Mt. Gilead State North Carolina Zip Code 27306	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PC MCRAE, DANIEL GARY 400 N. MAIN STREET MT. GILEAD, NC 27306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V GRAHAM, WILLIAM L., JR. 2500 PORT MALABAR BLVD., NE PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SMITH, HAROLD W. 400 N. MAIN STREET MT. GILEAD, NC 27306	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Kiser, Marvin 400 N. main st Mt. G. Lead, NC 27306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S MCRAE, JAMES W. 400 N. MAIN STREET MT. GILEAD, NC 27306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: D. Gary McRae <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7-22-04	Daytime Phone # 910-439 6447