

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90156 019 \*\*\*150.00

**DOCUMENT # P96000074917**

1. Entity Name  
**COMPASS ROSE DESTINATION WEAR, INC.**



Principal Place of Business      Mailing Address  
3681 OAKHILL DR      3681 OAKHILL DR  
TITUSVILLE, FL 32780 US      TITUSVILLE, FL 32780 US

40066508



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03292007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3406830**      Not Applicable

5. Certificate of Status Desired      ☐      \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**ADAMS, ROBERT**  
**3681 OAKHILL DR**  
**TITUSVILLE, FL 32780**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      ☐      \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE      **DPS**      ☐ Delete  
NAME      **ADAMS, ROBERT E**  
STREET ADDRESS      **3681 OAKHILL DR**  
CITY-ST-ZIP      **TITUSVILLE, FL 32780**

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2007      321      83-0904