

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102444

FILED
Mar 27, 2008
Secretary of State

Entity Name: COMPOSITES, SALES & SERVICE, INC.

Current Principal Place of Business:

201 ATP-TOUR BLVD
SUITE 162
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1936
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3418382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOETTCHER, JUERGEN
201 ATP-TOUR BLVD.
STE. 162
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

MCWILLIAMS, TOMMY
201 ATP-TOUR BLVD.
STE. 162
PONTE VEDRA BEACH, FL 32082 US

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: TOMMY MCWILLIAMS

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCWILLIAMS, TOMMY
Address: 201 ATP-TOUR BLVD. #162
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: MCWILLIAMS, T.D.
Address: 219 HAZLEWOOD CIRCLE
City-St-Zip: HAZLEHURST, MS 39083

Title: S () Delete
Name: MCWILLIAMS, DONNA
Address: 219 HAZLEWOOD CIRCLE
City-St-Zip: HAZLEHURST, MS 39083

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:

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: TOMMY MCWILLIAMS

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date