

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000054408

1. Entity Name
COMPASS MANAGEMENT SERVICES, INC.



Principal Place of Business
**408 SOUTH ANDREWS AVENUE
SUITE 205
FORT LAUDERDALE, FL 33301**

Mailing Address
**408 SOUTH ANDREWS AVENUE
SUITE 205
FORT LAUDERDALE, FL 33301**



03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0769935

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEENKISTE, JOHN VAN
408 SOUTH ANDREWS AVENUE
SUITE 205
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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

5/11/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
STEENKISTE, JOHN VAN
408 SOUTH ANDREWS AVENUE, SUITE 205
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ATTAWAY, SHERYL
408 SOUTH ANDREWS AVENUE, SUITE 205
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/27/04-80003-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

**954-
527-1917**

Daytime Phone #