


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90251 003 \*\*\*155.00

<b>DOCUMENT # P97000093448</b> 1. Entity Name <b>COMPUSOUTH, INC.</b>			
Principal Place of Business <b>27951 SW 168 COURT HOMESTEAD, FL 33031</b>		Mailing Address <b>P.O. BOX 924514 PRINCETON, FL 33092-4514 US</b>	
2. Principal Place of Business - No P.O. Box # <b>21416 MARLIN AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>21416 MARLIN AVE</b> Suite, Apt. #, etc.	
City & State <b>PANAMA CITY BEACH, FL</b> Zip <b>32413</b>		City & State <b>PANAMA CITY BEACH, FLORIDA</b> Zip <b>32413</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0793932</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOUDET, GUILLERMO 27951 SW 168 COURT HOMESTEAD, FL 33031</b>		7. Name and Address of New Registered Agent Name <b>BOUDET GUILLERMO</b> Street Address (P.O. Box Number is Not Acceptable) <b>21416 MARLIN AVE</b> City <b>PANAMA CITY BEACH</b> <b>FL</b> Zip Code <b>32413</b>	
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 <u><i>Guillermo Boudet</i></u> DATE <u>1/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST BOUDET, GUILLERMO 27951 SW 168 COURT HOMESTEAD, FL 33031</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST BOUDET, GUILLERMO 21416 MARLIN AVE PANAMA CITY BEACH, FL 32413</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BOUDET, GUILLERMO 27951 SW 168 COURT HOMESTEAD, FL 33031</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BOUDET, GUILLERMO 21416 MARLIN AVE PANAMA CITY BEACH, FL 32413</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 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: <u><i>Guillermo Boudet</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/8/07</u> <u>850-233-9648</u> <small>Date Daytime Phone #</small>	