

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052216

Entity Name: COMP-PAY SERVICES, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

319 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

319 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3514581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LAWRENCE, MIKE
319 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWRENCE, MIKE S
Address: 319 HERM TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST. LAWRENCE, MIKE
Address: 319 HERM TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE ST. LAWRENCE

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date