2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100562

Entity Name
 COMPSERV, INC.



FILED
Jan 20, 2006 08:00 AM
Secretary of State

Principal Place of Business

2325 ULMERTON ROAD #16 CLEARWATER, FL 33762 Mailing Address

2325 ULMERTON ROAD #16 CLEARWATER, FL 33762



01162006

Na Cha-P

CR2E034 (11/05)

4. FEI Number 59-3544824 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PARRY, EDWARD H 913 WYNGATE COURT SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

	·		IN THIS SPACE		
	named entity submits this statement for the tions of registered agent.	ourpose of changing its registered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered Agent sign	alure required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCNEAL, VAN L 5401 WEST KENNEDY BLVD., STE. 751 TAMPA, FL 33609			U00000392687 01/24/06-80091-014 158.75	
MARKE	BILLIADO COEO 9 10	1			

2325 ULMERTON ROAD, STE. 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 TITLE BAKER, DANIEL L NAME STREET ADDRESS 14810 ROE PE BAYONNE #2E CITY-ST-ZIP CLEARWATER, FL 33762 DISE VSTD PARRY, EDWARD H STREET ADDRESS 3113 GELNWOOD COURT CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE MCNEAL, CLAYTON STREET ADDRESS 5401 WEST KENNEDY BLVD STE 751 CITY-ST-ZIP TAMPA, FL 33609 TITLE WOOD, RENEE STREET ADDRESS 5401 WEST KENNEDY BLVD., SUITE 751 CITY-ST-ZIP TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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 with rike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

NING OFFICER OR DIRECTOR

116/06

727-219-9220

Daytime Phone #