

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026256

Entity Name: COMPASS GROUP, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

961687 GATEWAY BLVD.
SUITE 201M
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

961687 GATEWAY BLVD.
SUITE 201M
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-3562265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, RON V
86119 SHELTER ISLAND DRIVE
FERNANDINA BEACH, FL 32034 US

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: FLICK, RON V
Address: 86119 SHELTER ISLAND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP () Delete
Name: RYAN, JEFFREY
Address: 3897 REDS GAIT LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: ST () Delete
Name: SHUSTER, AMY K
Address: 23922 CRESCENT PARKE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: SHUSTER, AMY K
Address: 23922 CRESCENT PARKE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MKT () Delete
Name: FICK, LISA G
Address: 86119 SHELTER ISLAND DRIVE
City-St-Zip: YULEE, FL 32097

Title: VP (X) Delete
Name: JONES, HEATHER W
Address: 76118 TIDEVIEW LN
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHUSTER, AMY K
Address: 76389 LONG LEAF LOOP
City-St-Zip: YULEE, FL 32097

Title: T (X) Change () Addition
Name: SHUSTER, AMY K
Address: 76389 LONG LEAF LOOP
City-St-Zip: YULEE, FL 32097 US

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: AMY K SHUSTER

ST

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date