

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90029 030 \*\*\*150.00

**DOCUMENT # P99000048382**

1. Entity Name

**COMPSON MANAGEMENT GROUP, INC.**



Principal Place of Business

**980 N FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

Mailing Address

**980 N FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #

**1500 Gateway Blvd.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Boynton Bch, FL**

Zip

**33426**

Country

3. Mailing Address

**1500 Gateway Blvd.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Boynton Bch, FL**

Zip

**33426**

Country

04242008

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0926287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KEPPER, CARL  
980 N. FEDERAL HWY SUITE 200  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

**Carl Klepper**

Street Address (P.O. Box Number is Not Acceptable)

**1500 Gateway Blvd**

**Suite 200**

City

**Boynton Beach**

**FL**

Zip Code

**33426**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
COMPARATO, JAMES  
980 N FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**1500 Gateway Blvd. #200  
Boynton Beach, Florida 33426**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/08** **561**  
**244-6650**