

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018484

Entity Name: COMPASS ROSE REAL ESTATE SERVICES, INC.**Current Principal Place of Business:**1390 CELEBRATION BLVD.
CELEBRATION, FL 34747**Current Mailing Address:**500 S BUENA VISTA ST
BURBANK, CA 91521-0105**FEI Number:** 20-2633650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIGMILE, JEFFREY S
1375 BUENA VISTA DR
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US*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**Officer/Director Detail :**

Title	VP, ASST. SECRETARY, DIRECTOR
Name	REED, MARSHA L
Address	500 S BUENA VISTA ST
City-State-Zip:	BURBANK CA 91521

Title	SECRETARY
Name	RAMIREZ, MARIO H
Address	1390 CELEBRATION BLVD.
City-State-Zip:	CELEBRATION FL 34747

Title	ASST. TREASURER
Name	BUETTNER, ANNE L
Address	500 S BUENA VISTA ST
City-State-Zip:	BURBANK CA 91521

Title	DIRECTOR
Name	HOLZ, KARL L
Address	200 CELEBRATION PLACE
City-State-Zip:	CELEBRATION FL 34747

Title	VP, TREASURER
Name	SCHULTZ, TERRI A
Address	1390 CELEBRATION BLVD.
City-State-Zip:	CELEBRATION FL 34747

I hereby 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 all other like empowered.

SIGNATURE: MARSHA L. REED**ASSISTANT SECRETARY** 02/28/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date