## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000010009

Entity Name: COMPASS ROOFING SERVICES INC.

**Current Principal Place of Business:** 

2 W. PINE ST ARCADIA, FL 34266

**Current Mailing Address:** 

PO BOX 949

RIVERVIEW. FL 33569 US

FEI Number: 86-1984593 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROEDER, EVAN W 4610 SAXON DR. NEW SMYRNA BEACH, FL 32169 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

FILED Mar 18, 2025

**Secretary of State** 

0204424559CC

Officer/Director Detail:

Title P Title VI

Name SCHROEDER, EVAN W Name HOLLINGSWORTH, ADAM P

Address 4610 SAXON DR, Address 121 S DESOTO AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: ARCADIA FL 34266

Title S Title T

NameKIMBLE, DANIEL PNameWILSON, DAKOTAAddress121 S DESOTO AVEAddress121 S DESOTO AVECity-State-Zip:ARCADIA FL 34266City-State-Zip:ARCADIA FL 34266

Title OFFICER

Name WILSON, THOMAS S. Address 1107 BEARING CT

City-State-Zip: BRADENTON FL 34208

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: EVAN SCHROEDER

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/18/2025

Date