

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003580

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE AMERICAN CITADEL GUARD, INC.

Current Principal Place of Business:

3519 PATRICK STREET
SUITE 128
LAKE CHARLES, LA 706021827

New Principal Place of Business:

3519 PATRICK STREET
SUITE 128
LAKE CHARLES, LA 70605

Current Mailing Address:

P.O. BOX 1827
LAKE CHARLES, LA 70602

New Mailing Address:

FEI Number: 72-1073383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: BRIDGES, C. LAMAR
Address: 5091 HIGHWAY 19
City-St-Zip: ETHEL, LA 70730

Title: STD () Delete
Name: BRIDGES, GLORIA J
Address: 130 WEST OAK LANE
City-St-Zip: LAKE CHARLES, LA 70605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: C. LAMAR BRIDGES

PD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date