


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 294063 1. Entity Name CAPITAL SECURITY COMPANY INC	
---	---

Principal Place of Business 230 JOHN KNOX RD. SUITE 2 TALLAHASSEE, FL 32303 US	Mailing Address 230 JOHN KNOX ROAD SUITE 2 TALLAHASSEE, FL 32303 US
--	---



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1100349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENNINGTON JR., CARL R 215 S MONROE ST 2ND FLOOR TALLAHASSEE, FL 32301
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAKE, ROBERTA V 2044 THOMASVILLE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAKE, THADDEUS V. 3701 LAKE CHARLES DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAKE, ROBERT D. 2044 THOMASVILLE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, MARGARET LEE DRA 1412 HAGUE DR. LEESBURG, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000007546336
05/12/06-80004-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: Thaddeus V. Drake **THADDEUS V. DRAKE** 4/27/06 850-306-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #