## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # 294063**

1. Entity Name

CAPITAL SECURITY COMPANY INC



**FILED** Apr 30, 2007 08:00 Al Secretary of State

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



DO NOT WRITE IN THIS SPACE

04262007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Т	Applied For

5. Certificate of Status Desired

59-1100349

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

PENNINGTON JR., CARL R 215 S MONROE ST 2ND FLOOR TALLAHASSEE EL 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.									
	Signature, typed or printed name of registered agent and title I	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD DRAKE, ROBERTA V 2044 THOMASVILLE RD. TALLAHASSEE, FL P DRAKE, THADDEUS V. 3701 LAKE CHARLES DR			-	<u> </u>				
CITY-ST-ZIP	TALLAHASSEE, FL				05/15/07-80085-009 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAKE, ROBERT D. 2044 THOMASVILLE RD. TALLAHASSEE, FL		DO NOT WRITE IN THIS SPACE						
TITLE NAME STREET ADDRESS	D DILLON, MARGARET LEE DRA 1412 HAGUE DR								

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TITLE

LEESBURG, VA

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

850-386-6611