## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2008 8:00 am Secretary of State **DOCUMENT #294063** 05-01-2008 90213 044 \*\*\*150.00 1. Entity Name CAPITAL SECURITY COMPANY INC Principal Place of Business Mailing Address 230 JOHN KNOX RD. 230 JOHN KNOX ROAD SUITE 2 SUITE 2 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302008 Cha-P City & State City & State 4. FEI Number Applied For 59-1100349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PENNINGTON JR., CARL R Street Address (P.O. Box Number is Not Acceptable) 215 S MONROE ST 2ND FLOOR TALLAHASSEE, FL 32301 City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DRAKE, ROBERTA V NAME NAME 2044 THOMASVILLE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP ☐ Change Addition TITLE Detete TITLE NAME DRAKE, THADDEUS V. NAME STREET ADDRESS 3701 LAKE CHARLES DR STREET ADDRESS TALLAHASSEE, FL. CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete IIILE ☐ Addition NAME DRAKE, ROBERT D. NAME 2309 GLENSHIRE CT-STREET ADDRESS 2044 THOMASVILLE RD. STREET ADDRESS CITY-ST-7IP CtTY-ST-7IP TALLAHASSEE, FL Delete TITLE Change ☐ Addition TITLE DILLON, MARGARET LEE DRA NAME NAME 1412 HAGUE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, VA CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP :

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

THADDENS V. DRAKE

80-386-6611

☐ Change

☐ Addition

FILED