## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 294063**

Entity Name: CAPITAL SECURITY COMPANY INC

FILED Apr 28, 2009 Secretary of State

Littly Nai	He. CAPITAL	SECORITI COMPANT IN	<i>5</i>		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 2	KNOX RD. SSEE, FL 3230	03 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 2	KNOX ROAD	)3 US			
FEI Number:	,	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
215 S MON 2ND FLOC					
	named entity s of Florida.	submits this statement for th	ne purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered	Agent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD (X) DRAKE, ROBER 2044 THOMASV TALLAHASSEE,	ILLE RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () DRAKE, THADD 3701 LAKE CHA TALLAHASSEE,	ARLES DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () DRAKE, ROBEF 2309 GLENSHIF TALLAHASSEE,	RE COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title: S	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THADDEUS V. DRAKE P 04/28/2009

DILLON, MARGARET LEE DRA

1412 HAGUE DR.

LEESBURG, VA

Name:

Address:

City-St-Zip:

DILLON, MARGARET LEÈ DRA

1412 HAGUE DR.

LEESBURG, VA