2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90179 027 ***150.00

DOCUMENT # 370253

1. Entity Name
CAPITAL INSURANCE AGENCY, INC.

40028774

Principal Place of Business	Mailing Address
1425 E PIEDMONT DRIVE SUITE 301 TALLAHASSEE, FL 32308 US	P.O. BOX 15949 TALLAHASSEE FLA, 32317 US

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1346146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, DAVID M.
1425 E PIEDMONT DRIVE #301
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE,DAVID M 1425 EPIEDMONT DRIVE #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Linda M. Collins 1425 E. Piedmont Drive #301 Tallahassee FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAUER, DALE R. 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barbara Lauer 1425 E. Piedmont Dr. #301 Tallahassee FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOORE,ANN K 1425 E PIEDMONT DR #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, DANA M. 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TATE, DALTON A 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE DONNA 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dana M. Williams DANA M. Williams 3/7/05 850-386-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #