

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90200 028 \*\*\*150.00

**DOCUMENT # 370253**

1. Entity Name  
CAPITAL INSURANCE AGENCY, INC.



Principal Place of Business  
1425 E PIEDMONT DRIVE  
SUITE 301  
TALLAHASSEE, FL 32308 US

Mailing Address  
P.O. BOX 15949  
TALLAHASSEE FLA, 32317 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 PD ☐ Delete  
NAME MOORE, DAVID M  
STREET ADDRESS 1425 E PIEDMONT DRIVE #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LAUER, DALE R.  
STREET ADDRESS 1425 E PIEDMONT DRIVE #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MOORE, ANN K  
STREET ADDRESS 1425 E PIEDMONT DR #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILLIAMS, DANA M.  
STREET ADDRESS 1425 E PIEDMONT DRIVE #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME TATE, DALTON A  
STREET ADDRESS 1425 E PIEDMONT DRIVE #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TATE DONNA  
STREET ADDRESS 1425 E PIEDMONT DRIVE #301  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: David M. Moore, Sr. 4/24/06 (850) 386-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #