

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

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	



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, DAVID M 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAUER, DALE R. 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOORE, ANN K 1425 E PIEDMONT DR #301 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, DANA M. 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TATE, DALTON A 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TATE DONNA 1425 E PIEDMONT DRIVE #301 TALLAHASSEE, FL

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04/20/07-80053-008 150.00

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:  **Dalton A. Tate, Jr. (850) 386-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #