

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
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**



01182008 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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000870247

4/9/08-80082-019

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORE, DAVID M
STREET ADDRESS 1425 E PIEDMONT DRIVE #301
CITY ST ZIP TALLAHASSEE, FL

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

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

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

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

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

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IN THIS SPACE**

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:

Dana M Williams

3/25/08