



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000003221</b>	
1. Entity Name CAPITAL SECURITIES OF AMERICA, INC.	

Principal Place of Business 150 GRAND TRUNK HARTSVILLE, OH 44632 US	Mailing Address 150 GRAND TRUNK HARTSVILLE, OH 44632 US
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**DO NOT WRITE IN THIS SPACE**

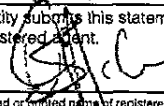
	
08062004 No Chg-P	CR2E034 (10/03)
4. FEI Number 34-1764328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEOFF, SCALERA  
12230 HOLLYBUSH TERRACE  
BRADENTON, FL 34202

**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:  DATE: 8/9/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

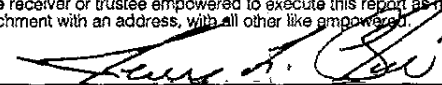
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000172249 09/14/04-80003-001 550.00 CASHIER'S OFFICE AUG 27 PM 3:38 DEPT OF FINANCIAL SERVICES STATE OF FLORIDA
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC CLINE, JERRY L 150 GRAND TRUNK HARTSVILLE, OH 44632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  8-34-04 330-877-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jerry L. Cline