

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90023 021 ***150.00



MOORE CR2E034 (11/03)

DOCUMENT # J61115

1. Entity Name
CAPITAL ELECTRICAL & SECURITY INC.

Principal Place of Business
3452 GARBER DR.
TALLAHASSEE FL 32303-1114
US

Mailing Address
3452 GARBER DR.
TALLAHASSEE FL 32303-1114
US

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 59-2768275

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

NEAL, WILLIAM H., JR.
1319 STONE ROAD
TALLAHASSEE FL 32303

437 HITSON LANE
QUINCY, FL 32352

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 DP ☐ Delete
NAME NEAL, WILLIAM H., JR.
STREET ADDRESS 1319 STONE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 437 HITSON LANE
CITY-ST-ZIP QUINCY, FL 32352

TITLE DVS ☐ Delete
NAME NEAL, WILLIAM H. III
STREET ADDRESS 2153 SHADY OAKS DR
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE T ☐ Delete
NAME NEAL, WILLIAM H., III
STREET ADDRESS 2153 SHADY OAKS DR
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

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 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

850-574-3893

Daytime Phone #