

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 23, 2005 08:00 AM  
Secretary of State**

**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**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**NEAL, WILLIAM H., JR.  
437 HITSON LANE  
QUINCY, FL 32352**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000274039  
03/23/05-80051-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEAL, WILLIAM H JR. 437 HITSON LANE QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NEAL, WILLIAM H. III 2153 SHADY OAKS DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, WILLIAM H., III 2153 SHADY OAKS DR TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 and am required 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, email or fax, like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William H. Neal, Jr.**

**3-21-05**

Date

**850-574-3893**

Daytime Phone #