2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J61115

1. Entity Name
CAPITAL ELECTRICAL & SECURITY INC.

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

DO NOT WRITE IN THIS SPACE

02012006 No Chg-P CR2E034 (11/05)

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

6. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

000001456066
03/16/06 80015-004 158.75

DO NOT WRITE 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: William H. NEAL, JR. 3-1-06 850-574-3893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #