

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 008 ***158.75

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**

DO NOT WRITE IN THIS SPACE



01092007 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**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 file 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Neal, Jr

3-20-07 850-574-3893

Date

Daytime Phone #