


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90023 028 \*\*\*158.75

**DOCUMENT # P01000087070**

1. Entity Name  
**C.B.S. SECURITY AGENCY CORP.**



Principal Place of Business      Mailing Address

**112 WEST ADAMS ST.  
 1703  
 JACKSONVILLE FL 32202**

**112 WEST ADAMS ST.  
 1703  
 JACKSONVILLE FL 32202**

2. Principal Place of Business      3. Mailing Address

**112 WEST ADAMS ST**      **112 WEST ADAMS ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**1703**      **1703**

City & State      City & State

**Jacksonville, FL**      **JACKSONVILLE**

Zip      Country      Zip      Country

**32202**      **FL**      **32202**      **FL**

4. FEI Number      Applied For

**90-0013617**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMAR, CLAUDIA  
 122 N JEFFERSON ST  
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE	OD	<input type="checkbox"/> Delete
NAME	LAMAR, CLAUDIA	
STREET ADDRESS	122 N JEFFERSON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Claudia Lamar</i>	
STREET ADDRESS	<i>112 W Adams ST</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32202</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Claudia Lamar*      Date: *2/26/04*      Daytime Phone #: *904-634-0799*

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