


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

4/25/2006-90102-039-S158.00-S158.00

APPROVED AND FILED

06 SEP 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000087070</b>			
1. Entity Name <b>C.B.S. SECURITY AGENCY CORP.</b>			
Principal Place of Business 4751 SAN JUAN AVE. SUITE #11 JACKSONVILLE, FL 32210		Mailing Address 4751 SAN JUAN AVE. SUITE #11 JACKSONVILLE, FL 32210	
2. Principal Place of Business <b>1826 Ionia Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>117 E 11th Street</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
4. FEI Number <b>90-0013617</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04182006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>LAMAR, CLAUDIA</b> 122 N-JEFFERSON ST JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent Name <b>CAS Security Agency Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1826 Ionia Street</b> City <b>Jacksonville</b> FL Zip Code <b>32206</b>	
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 <u>Charlie Lamar</u> DATE <u>4-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO</b> <b>LAMAR, CLAUDIA</b> <b>4751 SAN JUAN AVE, STE 11</b> <b>JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES/CEO</b> <b>1826 Ionia Street</b> <b>JACKSONVILLE, FL 32206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charlie Lamar</u>		DATE: <u>4-18-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

9/2200