

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90052 017 ***158.75

DOCUMENT # P97000042670

1. Entity Name

AMBASSADOR INVESTIGATION AND SECURITY, INC.



Principal Place of Business

114 N MADISON ST
QUINCY FL 32351
US

Mailing Address

3351 HUTCHINSON FERRY RD
QUINCY FL 32351

14003684



MOORE

CR2E034 (11/03)

2. Principal Place of Business

116 N. Madison St

3. Mailing Address

Suite, Apt. #, etc.

Quincy, FL

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Zip

32351

Country

US

Zip

Country

4. FEI Number

59-3457338

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANKS, DENNIS
3351 HUTCHINSON FERRY RD
QUINCY FL 32351**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BANKS, DENNIS**
CITY-ST-ZIP **3351 HUTCHINSON FERRY RD
QUINCY FL 32351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BANKS, ROSEMARY C**
CITY-ST-ZIP **3351 HUTCHINSON FERRY RD
QUINCY FL 32351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 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: *Rosemary C. Banks*

Rosemary C. Banks, D

Date

Daytime Phone #

4/8/04 (850)627-3119